



School-Age Care Credential Advisor Renewal

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Email Address: _____

Counties/Boroughs willing to advise in: _____

Required Documentation

1. Professional Membership – New York State Network for Youth Success

Please provide copies of membership emails/certificates showing proof you have maintained your Network for Youth Success Membership over the last three years and that your membership is current.

3. Proof of Work with Credential Candidates

Please list all the credential candidates you have advised over the last three years, advisement period, and if they received their SAC Credential. Attach additional pages if necessary.

Candidate Name	Advisement Period (ex: 2/2018-9/2018)	Did the candidate earn their SAC Credential?		
		Yes	No	I'm Not Sure
		Yes	No	I'm Not Sure
		Yes	No	I'm Not Sure
		Yes	No	I'm Not Sure
		Yes	No	I'm Not Sure
		Yes	No	I'm Not Sure
		Yes	No	I'm Not Sure
		Yes	No	I'm Not Sure
		Yes	No	I'm Not Sure

4. Letter of Recommendation

Submit a letter from one school-age care credentialed professional who can knowledgeably speak to your competence in advising school-age care credential candidates, giving specific examples.

5. Proof of Training

Submit proof that you attended four Network for Youth Success Advisor Webinars, and the online advisor training.

6 Advisor/Candidate Agreement

Provide a copy of the advisor/candidate agreement that you are currently using.



6 Reflection Statement

Please write a short essay (no more than one page) about what you have learned over the past three years advising candidates.

7 Statement of Professionalism

Please read and sign the following Statement of Professionalism.

“As School-Age Credential Advisor, I will set high expectations for candidate professionalism and ethical performance. I will serve as a mentor and coach to the candidate. I will provide guidance to him/her around the financial aspects of the credential process; perform observations of him/her in their work setting; provide feedback and recommendations for professional growth and guide them in the development of their portfolio and resource file.

I understand that individuals convicted of a crime involving child abuse or maltreatment are ineligible to apply for or hold a School-Age Credential Advisor Certificate.

I have read and understood the *National AfterSchool Association Code of Ethics*.

As a School-Age Care Credential Advisor, I agree to meet the roles and responsibilities of the New York State School-Age Care Credential Advisor (see Chapter 5 of The New York State School-Age Care Manual) to the best of my abilities and to conduct myself in a professional and ethical manner.

I agree to have a signed contract between myself and all of the SAC Credential Candidates I am working with outlining the services to be provided and the time frame in which services will be provided.

I agree to contact The New York State Network for Youth Success with any concerns.

Failure to meet the New York State School-Age Care Credential Advisor roles and responsibilities and/or conduct myself in a professional and ethical manner may result in revocation of my School-Age Credential Advisor Certificate.”

Signature: _____ Date: _____

Name (Please Print): _____

Please mail or email (in one file) this completed document and supporting materials to:

Network for Youth Success
415 River Street, 2nd Floor
Troy, NY 12180

OR

erin@networkforyouthsuccess.org

Documents must be received on or before the expiration date on your certificate.

Office Use Only

New Renewal Date _____

Documents Reviewed by: _____