



School-Age Care Credential Endorser Renewal

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Email Address: _____

Areas I am willing to Endorse 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.

2. Proof of Endorsements

Please provide proof you have conducted three visits over the last three years. (ex: copies of 6.4, copies of your endorser tools, confirmation emails from the Network or the candidate, list of names and dates of the candidates you endorsed.)

3. Letter of Recommendation

Submit a letter from a school-age care professional, colleague, or supervisor who can knowledgeably speak to your competence in the field of school-age care or SACC program development, giving specific examples.

3. Proof of Training

Provide proof that you have attended at least one training related to school-age child care per year (for a total of 3) to keep abreast of current information relating to the field.



4. Statement of Professionalism

Please read and sign the following Statement of Professionalism.

“As a School-Age Care Credential Endorser, I agree to meet the roles and responsibilities of the New York State School-Age Care Credential Endorser (see Chapter 6 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 understand that individuals convicted of a crime involving child abuse or maltreatment are ineligible to apply for or hold a School-Age Credential Endorser Certificate.

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

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 Endorser roles and responsibilities and/or conduct myself in a professional and ethical manner may result in revocation of my School-Age Credential Endorser 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: _____