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: _________________________________________________________