

Appendix B – Policies and Procedures Form

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CANDIDATE INFORMATION

Candidate Name:

PLEASE READ THE STATEMENTS BELOW, INITIAL NEXT TO EACH INDICATING YOU HAVE READ AND AGREE TO THE STATEMENTS, AND SIGN BELOW.

_____	I verify that I have completed all SAC Credential Requirements identified in Appendix A
_____	I verify that I have a high school diploma or GED and am at least 18 years old.
_____	I am ready to be assessed for the New York State School-Age Care Credential.
_____	All work submitted is my own.
_____	I understand that the \$1000 assessment fee is non-refundable.
_____	I understand the \$1000 assessment fee must be used within the year it is submitted (from 1/1-12/31)
_____	I understand should the assessment be cancelled or postponed due to insufficient paperwork, lack of payment, candidate tardiness, no shows, incorrect address, or not being ready, I will be responsible for paying for a second visit.
_____	I understand I am responsible for paying EIP (if utilizing an EIP scholarship) back for visits cancelled or rescheduled by the candidate, visits not scheduled within the timeframe, or deferrals.
_____	I understand by scheduling a visit with the endorser I am agreeing to all the terms of payment above.
_____	I understand all visits take place during the school-year. This form must be entered in the portal (and payment received) by November 1 to guarantee a visit before the end of the year and by May 1st to guarantee a visit before the end of the school year.

Candidate Signature:	
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Dates and times that I am NOT available for the Debrief Visit Please include half days, weekends, evenings, full days, and other not typical days.	
Dates and times that are best to meet for the Debrief	

My program ends on:	
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Candidate Name:

HOST AGENCY INFORMATION

Host Agency Name:	
Start and End Date of Course:	
Host Agency Instructor:	

I verify that the candidate listed above has completed the SAC Credential Preparatory Program.

Host Agency Instructor Signature:

Date:

ADVISOR INFORMATION

Advisor Name:	
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I verify that the candidate and I have fulfilled all SAC Credential requirements as identified in Appendix A and that she/he is ready to be successful during their assessment visit.

Advisor Signature:

Date:

PROGRAM INFORMATION

Program Director Name:	
Program Director Email:	

I authorize a virtual visit from the SAC Credential Endorser on a date to be arranged with the candidate. I understand that the Credential process evaluates the competence of the candidate and not our overall program.

Program Director Signature:

Date: