

# Child Care Administrator's Credential RENEWAL FORM



Date: \_\_\_\_\_

Name:  Mr.  Mrs.  Ms. \_\_\_\_\_

HOME/CELL Phone: ( ) \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

HOME Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ County: \_\_\_\_\_

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## Instructions:

1. Complete all portions of the **Renewal Form**. Please type or print legibly **all information** and submit **prior to the expiration date of your credential** with the following:
  - **\$150 Renewal Fee** (50% non-refundable): Renew anytime within 3 months of your expiration date (*your renewal date always stays the same*) and up to 20 business days of your expiration date.
    - If your application is submitted with fewer than 20 business days remaining prior to your expiration date, an additional **\$50 Extension Fee** (50% non-refundable) is required. Your total fee is then \$200.  
In the event a renewal is not approved, 50% of the Renewal and/or Extension Fees will be refunded.
  - **Copy of current CPR and First Aid certificate.**
  - **Training Summary Form.** List in chronological order training received in **Administration / Business Management and Child Development** since issue date of your credential.
  - **Certificate copy** (*and any validation requirements provided on the certificate*) for every training listed on the Training Summary Form. A total of **90 clock hours** of training (**60 in Child Development / 30 in Business/Administration**) is required to renew the credential. Self-study / online hours may not exceed 45 of the 90 required clock hours. Related college courses may count towards the 90 clock hours. Each college credit converts to 15 clock hours. A typical three-credit course converts to 45 clock hours.
2. Mail to: **ECMI – Child Care Administrator's Credential**  
Camp Fire First Texas  
2700 Meacham BLVD.  
Fort Worth, TX 76137-4699
3. For further information call or email 817-831-2111, [ECMI@CampFireFW.org](mailto:ECMI@CampFireFW.org)

**A. Employment information for last 3 years:**

Center/Organization: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Present Position: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
County: \_\_\_\_\_

Center/Organization: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Center/Organization: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

**B. Has your position changed since you took the course? \_\_\_\_\_**

Please *explain* change: \_\_\_\_\_  
\_\_\_\_\_

**C. Renewal Fees**

**Please indicate method of payment:**

- Renewal fee of \$150 is enclosed.
- Renewal and Extension fee of \$200 is enclosed.
- Charge the Renewal fee of \$150 to my credit card.
- Charge the Renewal and Extension fee of \$200 to my credit card.

**Credit Card Information:**     MasterCard     Visa     American Express     Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card (*print*): \_\_\_\_\_ CVV Code (*back of card*): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Make check or money order payable to: Camp Fire First Texas. Do not send cash.**

**D. Statement of Disclosure**

I certify that:

1. I have never been convicted of a felony offense or misdemeanor classified as:
  - an offense against the person or family,
  - a public indecency, or
  - a felony violation of any law intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.
  
2. The information given herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

*(Notary Seal)*

Notary Public:\_\_\_\_\_

My Commission Expires:\_\_\_\_\_