

# Child Care Administrator's Credential RENEWAL FORM



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

Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ County: \_\_\_\_\_

---

---

## 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:
  - **\$215 Renewal Fee:** 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.  
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. Drop off or Mail to: **ECMI – Child Care Administrator's Credential**  
Camp Fire First Texas  
2700 Meacham Blvd.  
Fort Worth, TX 76137-4699  
  
\*\*\*\*\* Your renewal packet **cannot** be sent via FAX.
3. For further information call or email 817.831.2111, ext. 110, [TRAINING@CampFireFW.org](mailto:TRAINING@CampFireFW.org)

**A. Employment information for the 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 \$215 is enclosed. Ck # \_\_\_\_\_
- Pay online the \$215 Renewal fee with my credit card-  
[Payment link HERE](#)

**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:\_\_\_\_\_