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# *North Carolina Infant-Toddler Program*

## Guidance for Personnel Certification

Written to ensure competence in individuals  
who serve infants and toddlers with  
special needs, and their families.

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State of North Carolina  
Department of Health & Human Services  
Division of Public Health  
Women's & Children's Health Section  
Early Intervention Branch

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## Introduction

Individuals who serve infants and toddlers under North Carolina's Infant-Toddler Program, established through Part C of the Individuals with Disabilities Education Act (IDEA), are required to meet standards of competence for early intervention practice. The Federal Register (Vol. 58, No. 145, pp. 40975, 303.361) states that entry-level requirements must be based on the "highest requirements in the State applicable to the profession or discipline in which the person is providing early intervention services," and the State must "establish suitable qualifications for personnel" in state, local, and private agencies.

The Infant-Toddler Program (ITP) administers a credentialing program called the Infant-Toddler Personnel Certification. This certification is required for specified Children's Developmental Services Agency (CDSA) personnel, public and private providers of special instruction services, and early intervention service coordination to children enrolled in the Infant-Toddler Program. Local oversight and supervision of contracted service personnel must be provided by the CDSA. Statewide administrative oversight is provided by the Early Intervention Branch, Women's and Children's Health Section, Division of Public Health.

The classifications of certificates are Infant, Toddler and Family Associate (ITFA) and Infant, Toddler and Family Specialist (ITFS). Qualifications for each type can be found in Section I of this Guidance document. Credits for each type of certificate may be earned through a wide range of methods and arrangements that verify a practitioner's competence (See Section V). IT certification remains valid until the individual is no longer employed by the IT Program or contracted provider agencies, or allows the certificate to lapse.

IT certification is not a pre-requisite for employment. All Individuals pursuing an initial certificate must earn all the required credits within a three (3) year period, including individuals working part-time.

Applicants with valid and current NC Birth through Kindergarten (BK) licensure automatically meet competency requirements. However, applicants must submit the "Observation of Applicant's Practice" (Page II-3) and a copy of their valid NC license and transcript with their application to the Reviewer. Registered Nurses with a valid and current NC nursing license, whether they have completed a two-, three-, or four-year educational program, are eligible for the ITFS Certificate.

This revision of the NC Infant-Toddler Program Guidance for Personnel Certification for 2011-12 includes:

1. Certification Renewal: submit **lapsed or inactive status date**, if applicable instead of **renewal date** (Section V, p 6)
2. Request for Prior Approval to Award Credit for Personnel Certification – allows those requesting training for ITP to request training be posted on Early Intervention Branch website and need to submit request for credit four (4) weeks prior to training/event (Appendix C)

## A. Purpose

This document outlines the procedures required to certify competence. These procedures represent the response of North Carolina to Section 635 (9) of Part C of the Individuals with Disabilities Education Act (IDEA).

The procedures profiled in this document are based on five key principles:

1. Credentialing is applied within the context of the existing quality improvement procedures under the Infant-Toddler Program.
2. Given the multifaceted needs of the children and families to be served, a wide range of professional preparation programs have relevance.
3. The procedures complement and are consistent with other related professional preparation programs, such as the BK teacher license, to the maximum degree possible.
4. Valid pre-service and in-service training opportunities may be considered through a variety of approaches.
5. Documented observation of the provision of early intervention services to the target population is an important dimension of the procedures.

The major components of the certification process include the following:

1. Applicants for certification must demonstrate competence in serving enrolled infants, toddlers, and families. This must occur through the established procedures of the Infant-Toddler Program.
2. Credit requirements cover all seven competencies and represent the minimum number of hours in either pre-service or in-service training.
3. Credits may be earned through a variety of professional development activities, such as academic coursework, in-service training, consultation, mentoring, independent study, teaching, and experience.
4. Documentation that the applicant has earned the required amount and type of credits must be approved by a Certification Reviewer designated through the CDSA, Early Intervention Branch.

## B. Scope

The procedures for this certification are only applicable to CDSA/Branch personnel (i.e. Psychologists, Social Workers, Physicians, Nutritionists, Nurse Practitioners, Specialized Therapists, QA/QI Coordinators, Interpreters, Service Coordinators, and Service Coordinator Supervisors) and all enrolled CBRS providers regardless of level of education or professional license certification.

Although **Infant-Toddler Program certification is not a prerequisite for employment**, individuals required to hold this credential must be making satisfactory progress toward obtaining the certification within a 3-year timeframe. [Reference IDEA, Section 635 (b)].

### C. Infant-Toddler Program Personnel Certification Categories

1. The **INFANT, TODDLER & FAMILY ASSOCIATE CERTIFICATE** is applicable to practitioners with an associate degree or less in a health, education, early childhood, or other human service field, under the scope of this document based on transcript review.
2. The **INFANT, TODDLER & FAMILY SPECIALIST CERTIFICATE** is applicable to practitioners who hold a baccalaureate or higher degree in a health, education, early childhood, or human service field under the scope of this document based on transcript review. OR those holding a baccalaureate or higher degree in a non-human service field who have four years of full-time, post-bachelor's degree accumulated experience with the infant and toddler population.
3. Registered nurses who hold a current North Carolina license, regardless of whether they have completed a two, three, or four-year educational program, are eligible for the Specialist Certificate.
4. The following is a general, not exhaustive, listing of undergraduate and graduate degrees that can apply to human services areas. This list should be used as a guide in deciding the appropriateness of a degree that qualifies someone to pursue the Infant, Toddler certifications.
  - Counseling
  - Psychology
  - Social Work
  - Therapeutic Recreation
  - Occupational Therapy
  - Physical Therapy
  - Speech/Language Pathology
  - Child Development and Family Relations
  - Human Services
  - Nutrition
  - Audiology
5. Applicants must have at least 27 hours of coursework in health, education, or early childhood to be able to qualify for Infant, Toddler certification if the applicant holds one of the following degrees:
  - Religion
  - Sociology/Anthropology
  - Social Sciences
  - Rehabilitation Counselor
  - Criminal Justice

Individuals who serve infants and toddlers and their families must possess specialized knowledge, skills, attitudes, and attributes suited to the many differing young children, families, caregivers, professionals, and communities they will encounter. Practitioners who qualify for certification must not only have sound educational preparation and continuing education, they must demonstrate their competence to the person responsible for their certification, known as the Certification Reviewer.

Certification Reviewers are designated through the CDSA, Early Intervention Branch.

### **The Certification Review Process**

Certification is acquired through a process that involves:

1. Observation of the applicant's practice.
2. Review of the applicant's credit from formal education and/or personnel development activities.

The following sections describe in detail the expected competencies and how to acquire and count credits from formal education, training, relevant on-the-job experience, independent study, consultation, and mentoring. Samples and other tools essential for application toward certification are also included.

#### **A. The Certification Reviewer**

The Certification Reviewer is the person responsible for the process of certifying applicants as Infant, Toddler and Family Specialists or Associates. The Reviewer:

- assesses the applicant's portfolio of academic transcripts, continuing education, in-service credits, records of performance appraisal, and other on-the-job personnel development activities;
- interviews the applicant to interpret the applicant's perspective about his or her qualifications for certification;
- accounts for detailed observation of the applicant's practice;
- recommends competencies which the applicant needs to develop if not reflected by the applicant's record;
- determines the contact hours in training or experience needed to attain competence;
- recommends the qualified applicant for the appropriate Associate or Specialist Certificate to the Early Intervention Branch of the Women's and Children's Health Section of the Division of Public Health;
- recommends and reviews continuing personnel development activities for continuing certification;
- conducts annual certification renewals; and
- requests certification application and supporting documentation, i.e., letter of transfer (see Appendix E) from applicants transferring from another CDSA or provider agency.

### Qualifications

To qualify, a Certification Reviewer must have:

- a recommendation from the CDSA with whom they are employed or have a provider agreement;
- the Infant-Toddler & Family Specialist Certificate;
- first-hand knowledge of and experience with the North Carolina Infant-Toddler Program;
- skills in using the *North Carolina Infant-Toddler Program Guidance for Personnel Certification*; and
- training in “How to be a Certification Reviewer” provided by the Early Intervention Branch.
- been designated by his/her respective CDSA director or designee of the CDSA director through the submission of a completed ‘Request to Designate a Certification Reviewer’ form (see Appendix D).

Reviewers are likely to be supervisors, team leaders, directors or seasoned practitioners who manifest the qualities sought by Infant-Toddler Program personnel who apply for certification.

The Reviewer determines qualifications by considering each applicant’s records of credit and by accounting for observation of the applicant’s practice. Attention to the applicant’s demonstration of competence through practice is an essential step in the qualifying process. The Certification Reviewer’s final decision on an applicant’s qualifications is based on a combination of credit and competent practice judged through observation.

### Accountability

The role of the Certification Reviewer is to consistently and accurately administer the NC IT Certification Program by making final decisions on personnel qualifications so staff and CBRS providers they may obtain and maintain certification. The Certification Program seeks to maintain high standards of professional development and accurate record-keeping. Therefore Certification Reviewers should always strive to maintain these high standards. The Resource and Information Specialists are available to help Reviewers maintain these standards.

However, in the rare instances when these standards are consistently compromised due to recurring mistakes, untimely submission of renewals and/or other incidences that hinder the certification/renewal process, the Resource and Information Specialist will formally notify the Certification Reviewer and the CDSA Director of the issues and ways to resolve them. Failure on the part of the Certification Reviewer to consistently meet standards after this notification will affect the individual’s status as a Certification Reviewer.

## B. Observation of the Applicant's Practice

Observation of the applicant's skills in providing services to children and families is imperative. This observation can only be submitted after the applicant, including applicants who hold the B-K licensure, has worked with the Infant-Toddler Program for a minimum of six (6) months. Some applicants may require more than six (6) months to demonstrate competency. Reviewers should use their discretion.

Observation occurs in at least two (2) situations:

1. Practice in delivering direct services with at least one child and family through a home visit, a class or center-based program, a clinic or a specialized health or developmental setting, or any natural environment in which early intervention services occur.
2. Practice in an interdisciplinary setting such as an Individualized Family Service Plan (IFSP) meeting or a Local Interagency Coordinating Council (LICC) meeting.

The observation of the applicant's practice, both in the delivery of services and, in an interdisciplinary setting, **must** be specific to the events observed. The observation should include examples and descriptions of observed activities.

Ideally, observation of the applicant will occur more than once in each setting before documentation is presented for certification. The Reviewer must determine that the applicant demonstrates competence on-the-job according to the competencies described in subsequent chapters. The Reviewer may need to enlist the assistance of other competent professionals in the field to conduct the observation. The Reviewer, however, retains responsibility for judging the adequacy of the observation when others must assist in the observation.

The observer(s) should be knowledgeable about the required competencies on which the judgment is made. The Reviewer should also be familiar with the kinds of job duties expected of the applicant.

The process of observation **must** be conducted while the applicant is carrying out early intervention activities with enrolled children, families and other providers in representative work settings. Competence statements in the subsequent chapters are intentionally worded to require demonstration of practice.

The observer may base judgment of practice on:

- the applicant's past or present work; information on past responsibilities;
- collegial situations; planning or evaluation meetings and personnel development activities; supervisory capacity of such events;
- reports from children and families served by the applicant;
- other providers who have worked with the applicant;
- written, video or audio-taped records of the applicant's practice (always provided within strict guidelines regarding confidentiality);
- presentations the applicant has given in training or consultation activities.

None of these circumstances is mutually exclusive. For example, observations for Quality Assurance (QA) Coordinators could include participation in QA Reviews where competency is demonstrated as well as team meetings where the QA Coordinator explains the Q A Process and participants' roles in that process. Combinations of the types of observation listed above will help produce the most accurate profile of the applicant's competence. Reviewers and observers should discuss their observations together and with the applicant to clarify practices which may need to be planned for the applicant to improve competence. The process should foster individual personnel development while adhering to the standards contained in this document.

The Reviewer documents the impressions of the observation on the applicant's "Application and Worksheet." (See Appendix A-1 and Appendix A-2.) A more detailed record should be kept in the applicant's file.

### C. Review of Documentation from Personnel Development Activities

Reviewers determine the adequacy of the applicant's formal and informal preparation for qualification through documentation supplied by the applicant.

1. The applicant submits an *Application and Worksheet for Infant-Toddler Program Personnel Certification* to the Reviewer, specifying whether the applicant is pursuing the Associate or Specialist Certificate classification.
2. The applicant provides the Reviewer with documentation of allowable personnel development activities. Activities include continuing education or training, higher education coursework, consultation, mentoring or independent study. Documentation may be transcripts, certificates of attendance, consultation agreements, correspondence, course descriptions or materials that verify the applicant's participation in the personnel development activity.
3. The Reviewer compares the applicant's documentation with the Table of Required Credits by Competency Type (Sections III and IV) to determine if the credit the applicant has accrued for each Competency meets the required number of credits or contact hours. The total number of credits required for the initial **Specialist Certificate is twenty-three (23) credits**; the total required for the initial **Associate Certificate is ten (10) credits**.

The Reviewer should consider each applicant's transcripts of higher education coursework, continuing education, training, learning through consultation and independent study with the applicant's other documentation to determine whether the required number of credits have been accrued.

The Reviewer must interview the applicant to determine whether it is appropriate to award credit for coursework or other documentation that does not specifically apply to infants and toddlers,. This interview should include a request for supporting documentation, such as course description, course syllabus, etc. The Reviewer will determine the amount of credit that will be applicable to certification based on the submission of supporting documentation.

#### D. Completing the Process

1. The Reviewer considers the specific competencies the applicant needs based on documentation and discussion and determines whether sufficient documentation exists to make a final decision.
2. The Reviewer examines all notes, comments, and recommendations regarding the observation component of the process.
3. The Reviewer communicates with the applicant that s/he meets the requirements or that s/he needs to acquire additional credits/competencies.<sup>1</sup>
4. The Reviewer submits the applicant's packet that includes a typewritten copy of the Application/Worksheet and supporting documentation to:

Early Intervention Branch, WCHS, DPH  
Resource and Information Unit  
1916 Mail Service Center  
Raleigh, NC 27699-1916

- The Reviewer has four (4) weeks from the date of the application signature date to submit to the Branch office. If the packet is received more than four weeks after the date the reviewer signed, the effective date of the certificate will be the date that the packet is received in the Branch office.
5. The Early Intervention Branch provides the Certification Reviewer with the appropriate certificate. Reviewers should allow at least four (4) weeks before contacting their Resource and Information Specialist about the status of an application.
  6. The Reviewer awards the applicant the official Associate or Specialist Certificate for the North Carolina Infant-Toddler Program.

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<sup>1</sup> Section V, Part A: Allowable Personnel Development Activities describes in detail the methods by which competence is developed and applied to meet credit requirements.

The competencies that follow are required to earn the **INFANT, TODDLER AND FAMILY SPECIALIST CERTIFICATE**. The organization and selection of statements are based on several sources referenced in Appendix F. Competencies are categorized by seven general types:

- A. Child Development
- B. Family Development
- C. Screening and Assessment
- D. Interdisciplinary Family Service Planning
- E. Intervention Strategies
- F. Interagency and Community Process
- G. Professionalism and Ethics

## **A. Child Development**

### **1. Summarize the development of children from birth to age three.**

- a. Assess the characteristics, sequence, and stages of children's development.
  - 1) Physical
  - 2) Fine and gross motor
  - 3) Cognitive and language
  - 4) Social and emotional
- b. Describe several theories of child development.
- c. Interpret the role of play in the development of children.
  - 1) Impact on social, physical, emotional, mental, and language development
  - 2) Ways to promote social, physical, emotional, mental, and language development

### **2. Explain factors that affect wellness.**

- a. Identify the influence of prenatal care on a developing fetus.
- b. Identify the need for good medical care and immunizations.
- c. Identify other factors that influence wellness.

### **3. Identify conditions that affect children's development.**

- a. Outline factors that place a child at risk for developmental delay or disability.
  - 1) Attachment/emotional
  - 2) Environmental
  - 3) Abuse and/or neglect
  - 4) Biological
  - 5) Prematurity
  - 6) Birth trauma
  - 7) Parental

- b. Explain symptomatology, etiology, and impact of developmental disorders.
  - 1) Chronic illness
  - 2) Sensory impairments
  - 3) Neurological impairments
  - 4) Genetic syndromes
  - 5) Learning disabilities/cognitive delay

## **B. FAMILY DEVELOPMENT**

- 1. **Summarize the development of children and families.**
  - a. Outline the stages of human development.
  - b. Discuss family development.
  - c. Analyze roles and responsibilities of family members.
- 2. **Evaluate issues that strengthen children and their families.**
  - a. Identify social, cultural, geographical (including rural and inner city) issues that affect children and families.
  - b. Explain family systems theories.
  - c. Determine how conflicting role expectations affect family life.
  - d. Explain how family influences self-image.
  - e. Explain responses to individual and family crises.
  - f. Discuss advantages of family-centered practices on children.
- 3. **Develop relationships with families.**
  - a. Discuss factors that influence family relationships with service providers.
  - b. Outline the components of building an effective service team.
    - 1) Establishing rapport
    - 2) Demonstrating cultural sensitivity
    - 3) Building respectful, trusting relationships
    - 4) Developing outcomes
    - 5) Giving support
    - 6) Recognizing the benefits of effective teams

## **C. SCREENING AND ASSESSMENT**

- 1. Explain the importance of ongoing child and family assessment.**
  - a. Outline the principles of effective assessment.
    - 1) Transdisciplinary
    - 2) Family-driven
    - 3) Strengths-based
  - b. Outline the components of effective assessment.
    - 1) Screening
    - 2) Pre-assessment planning
    - 3) Child assessment
    - 4) Family needs assessment
    - 5) Periodic review
  - c. Identify influences on assessment.
    - 1) Family
    - 2) Cultural
    - 3) Socioeconomic
    - 4) Geographic (including rural and inner city)
    - 5) Linguistic
- 2. Use tools and techniques of effective assessment.**
  - a. Describe tools used in the assessment process.
    - 1) Curriculum and norm-based
    - 2) Observation
    - 3) Interview
  - b. Apply assessment strategies.
    - 1) Formal assessment tools
    - 2) Informal techniques
    - 3) Observation techniques during free/structured play and daily routines:
      - a) Child/environment interactions
      - b) Child/parent interactions
      - c) Child/caregiver interactions
      - d) Child/child interactions
      - e) Child/assistive technology

3. **Coordinate the assessment process with the family.**
  - a. Review existing documentation.
  - b. Plan and conduct child and family assessment.
  - c. Facilitate necessary evaluations.
  - d. Determine the need to use other resources including assistive technology.
4. **Identify suspected child abuse/neglect.**
  - a. Identify screening and assessment tools.
  - b. Describe requirements and procedures for reporting.
5. **Summarize and interpret assessment information.**
  - a. Analyze data.
  - b. Write reports using common language.
    - 1) Organize pertinent information
    - 2) Draw relevant conclusions
  - c. Make recommendations based on child and family assessment information.
    - 1) Promote family-centered services
    - 2) Suggest functional, routine-based interventions
  - d. Share results with family in sensitive and responsive manner.

#### **D. INTERDISCIPLINARY FAMILY SERVICE PLANNING**

1. **Identify the purposes and results of successful interdisciplinary collaboration.**
  - a. Synthesize procedures for complying with federal, state, and local standards.
    - 1) Apply requirements in a methodical yet family friendly manner.
    - 2) Document and review records regularly.
    - 3) Report data as mandated.
    - 4) Analyze related guidelines included in specific documents.
      - a) NC Child Service Coordination Program Manual
      - b) NC Infant-Toddler Program Policy and Procedure Manual
      - c) NC Parent Handbook
      - d) NC Infant-Toddler Self-Monitoring Checklist
      - e) Other related documents specified by state and local agencies
    - 5) Follow confidentiality guidelines.

- b. Explain the value of interdisciplinary collaboration based on the unique needs of families.
  - 1) Cite the roles and responsibilities of multidisciplinary participants.
    - a) Families
    - b) Agencies
    - c) Professionals
  - 2) Recognize possible services and potential resources.
    - a) Social
    - b) Financial
    - c) Mental and physical health
    - d) Educational
    - e) Assistive technology
2. **Based on assessment information, develop and implement Individualized Family Service Plans (IFSPs).**
  - a. Support a family-driven process.
    - 1) Culturally sensitive
    - 2) Confidential
    - 3) Strengths-based
    - 4) Comprehensive
    - 5) Measurable
    - 6) Functional / Routine Based
    - 7) Developmentally appropriate / Natural environments
    - 8) Ongoing
  - b. Identify the role of the Service Coordinator.
    - 1) Describe child and family rights
    - 2) Synthesize information
    - 3) Discuss outcomes
    - 4) Implement, review, and modify plan
    - 5) Prepare for transitions
    - 6) Recognize roles of IFSP team members
  - c. Adapt strategies to support individual families.
    - 1) Explain impact of family/service provider relationships
    - 2) Recognize changing family priorities, concerns, and routines

- 3) Identify additional resources to meet unique family needs
  - a) Emotional
  - b) Language
  - c) Cultural
  - d) Religious
  - e) Geographic

## E. INTERVENTION STRATEGIES

1. **Plan and implement curricula to meet the special needs of children.**
  - a. Plan, present, and evaluate activities that promote the physical, social, mental, emotional, and language development of children.
  - b. Implement intervention strategies, therapeutic regimens, and assistive technologies as recommended by a licensed therapist or other specialist.
2. **Identify and assess behavioral differences of children with high-risk conditions or developmental disabilities.**
  - a. Adhere to guidelines for maintaining a safe and healthy environment for children.
  - b. Demonstrate use and maintenance of assistive and medical technology.
  - c. Assess and provide for the nutritional needs of children.
    - 1) Feeding issues
    - 2) Specific nutritional needs
    - 3) Input from specialists
    - 4) Sanitary food service practices
  - d. Lift, carry, and position children with regard to their physical and sensory needs.
3. **Design and promote developmentally appropriate learning environments.**
  - a. Promote the use of natural learning opportunities.
  - b. Promote transdisciplinary practices.
4. **Coordinate intervention services as specified in the IFSP.**
  - a. Show awareness of community resources and service delivery options.
  - b. Provide education to families and children.
  - c. Provide guidance to others about intervention strategies.
  - d. Consult with appropriate professionals as needed.

## F. INTERAGENCY AND COMMUNITY PROCESS

1. **Give reasons for and benefits of collaboration with families, caregivers, and other service providers.**
  - a. Summarize the roles and responsibilities of agencies that work with children and families.
  - b. Explain the purpose of state and local interagency groups.
    - 1) Types of teams
    - 2) Roles of members including family
    - 3) Roles in the community
2. **Summarize legislation and regulations that affect children at risk, developmentally disabled children, and their families.**
  - a. Discuss the Individuals with Disabilities Education Act (IDEA, Parts C and B).
  - b. Discuss the NC Early Intervention regulations.
  - c. Discuss the Americans with Disabilities Act (ADA).
  - d. Discuss other related legislation that affects children and families.
3. **Facilitate effective transitions for children and families.**
  - a. Identify types of transitions.
  - b. Identify key players in transition experiences.
  - c. Recognize the effect of change on children and families.
  - d. Develop transition plans.
  - e. Promote communication between agencies and families.
  - f. Evaluate transition process.
  - g. Support interagency efforts to improve transitions in the community.

## G. PROFESSIONALISM AND ETHICS

1. **Demonstrate professionalism.**
  - a. Adhere to established current professional standards of practice and codes of professional ethics.
  - b. Summarize the role of advocacy as a professional.
  - c. Adhere to ethical behaviors.
  - d. Participate in professional organizations.
2. **Promote positive parent, staff, and community relations.**
  - a. Recognize ways parents and the community can be involved in early childhood programs.
  - b. Demonstrate ways to communicate with parents and the community.

- 3. Demonstrate sensitivity to all cultures.**
  - a. Show sensitivity to cultural, religious, ethnic, disability, gender, socioeconomic, linguistic, and geographic (including rural and inner city) issues.
  - b. Examine the influence of culture on relationships.
  - c. Respect the dignity and worth of all people.
- 4. Promote positive relationships with families.**
  - a. Assess communication skills.
  - b. Discuss the importance of listening skills.
  - c. Use communication (verbal, nonverbal, and written) to meet family needs.
  - d. Facilitate the use of native language, interpreters, and translators.
- 5. Demonstrate self-empowerment.**
  - a. Develop a personal vision of work.
  - b. Discuss the role of networking in professional development.
- 6. Assume responsibility for personal management.**
  - a. Display appropriate characteristics and behaviors associated with workplace roles and relationships.
  - b. Respect the importance of supervision and evaluation.
  - c. Recognize ways to balance work and family, and maintain personal wellness.

The competencies that follow are required for individuals who earn the **INFANT, TODDLER AND FAMILY ASSOCIATE CERTIFICATE**. These competencies are organized according to the same seven types as the Infant, Toddler and Family Specialist Certificate.

- A. Child Development
- B. Family Development
- C. Screening and Assessment
- D. Interdisciplinary Family Service Planning
- E. Intervention Strategies
- F. Interagency and Community Process
- G. Professionalism and Ethics

## **A. CHILD DEVELOPMENT**

- 1. Summarize the development of children from birth to age three.**
  - a. Recognize basic terms associated with development.
  - b. Outline the characteristics and sequence of development.
    - 1) Physical and motor
    - 2) Cognitive and language
    - 3) Social and emotional
- 2. Recognize the importance of play in a child's social, physical, emotional, mental, and language development.**
  - a. Discuss ways to promote physical development of children through play.
  - b. Discuss ways to promote cognitive and language development of children through play.
  - c. Discuss ways to promote social and emotional development of children through play.

## **B. FAMILY DEVELOPMENT**

- 1. Summarize the development of individuals and families.**
  - a. Discuss the importance of families.
    - 1) Types of families
    - 2) Roles and responsibilities of family

- b. Summarize factors that impact the development of children and families and their responses.
    - 1) Birth/death
    - 2) Abilities/health
    - 3) Change in family structure
    - 4) Cultural/linguistic
    - 5) Socioeconomic
    - 6) Geographic (including inner city and rural)
  - c. Discuss roles and responsibilities of individual family members.
- 2. Examine issues that influence the strengths of children, adults, and families.**
- a. Recognize social and cultural issues that affect the empowerment of children and families.
  - b. Determine how conflicting role expectations affect family life.
  - c. Explain how family contributes to self-image.
  - d. Discuss the effect of the community on families.
  - e. Identify the impact of family-centered practices.

## **C. SCREENING AND ASSESSMENT**

- 1. Explain the purposes and benefits of assessing children and their families.**
  - a. Recognize the individual strengths of children and families.
  - b. Distinguish between screening and assessment.
  - c. Demonstrate techniques used to observe children.
  - d. Summarize the role of the family in assessment of a child.
- 2. Practice ways to accurately report and interpret observation information.**
  - a. Report and interpret information both verbally and in writing.
  - b. Use formal and informal methods to report information.

## **D. INTERDISCIPLINARY FAMILY SERVICE PLANNING**

- 1. Recognize ways to help parents become active members of their child's early intervention team.**
- 2. Support effective transitions for families and children.**
  - a. Name types of early childhood transitions.
  - b. Identify best practices used in transitions.
- 3. Recognize professionals and their roles in assisting children.**
- 4. Recognize child and family rights.**

## **E. INTERVENTION STRATEGIES**

- 1. Assist with individual and group interventions with children.**
  - a. Recognize environmental structuring techniques used during intervention.
  - b. Provide appropriate assistance to children with special needs.
  - c. Use play as an intervention technique.
  - d. Utilize assistive and medical technology during intervention.
  - e. Recognize the importance of parent involvement in intervention activities.
- 2. Communicate effectively with children and their families.**
  - a. Communicate verbally and nonverbally at appropriate levels with children and adults.
  - b. Show awareness of nonverbal communication with children and adults.
- 3. Interact with children in a structured learning environment.**
  - a. Recognize materials and teaching strategies that promote a multicultural/anti-bias learning environment.
  - b. Include planned intervention strategies into a child's daily routine.
  - c. Differentiate between developmentally appropriate and inappropriate guidance techniques with children.
  - d. Use developmentally appropriate guidance techniques.
  - e. Promote the development of children's skills in all areas.
- 4. Maintain a safe and healthy environment for children.**
  - a. Follow guidelines for establishing a safe environment.
  - b. Follow guidelines for maintaining and monitoring a healthy environment.
  - c. Respond appropriately to health and safety crises.
  - d. Assume responsibility for the safety and maintenance of assistive and medical technology.
- 5. Assist multidisciplinary teams.**
  - a. Follow specific instructions accurately.
  - b. Communicate and work effectively with licensed therapists and other specialists.

## **F. INTERAGENCY AND COMMUNITY PROCESS**

- 1. Summarize the benefits of collaborating with families.**
  - a. Show awareness of the leadership role of the family.
  - b. Assist families in obtaining information about community resources.
  - c. Recognize the role of the service coordinator.
- 2. Summarize the benefits of the early intervention process.**
  - a. Recognize the roles and functions of community agencies.
  - b. Identify resources and services within communities.
  - c. Recognize the benefits of community collaboration.

## **G. PROFESSIONALISM AND ETHICS**

- 1. Show awareness of self-empowerment.**
  - a. Describe personal professional commitment to children and families.
  - b. Identify personal strengths and traits.
  - c. Recognize the role of networking.
- 2. Assume responsibility for personal management.**
  - a. Display appropriate characteristics and behaviors associated with workplace roles and relationships.
  - b. Respect the importance of supervision and evaluation.
  - c. Recognize ways to balance work and family and maintain personal wellness.
- 3. Communicate effectively.**
  - a. Predict ways communication (verbal, nonverbal, and written) helps or hinders relationships.
  - b. Discuss the importance of attentive listening skills.
  - c. Respect the use of native languages and the role of interpreters and translators.
- 4. Summarize the ethics of working with children and families.**
  - a. Recognize relevant legal issues and responsibilities.
  - b. Describe workplace ethics.
  - c. Recognize the importance of and maintain confidentiality.
- 5. Show sensitivity to all cultures.**
  - a. Show sensitivity to cultural, religious, ethnic, disability, socioeconomic, linguistic, geographic (including rural and inner city), and gender issues.
  - b. Examine the influence of culture on relationships.
  - c. Respect the dignity and worth of all people.

## A. Allowable Personnel Development Activities

The applicant for any type of Infant-Toddler Program personnel certification must document personnel development activities completed which represent competence. Activities carry credit to reflect the amount of time spent in completing the activity. Allowable activities also have parameters and essential elements that distinguish one type of activity from another. **Certification Reviewers are responsible for approving all types of credits** applied toward the Associate and Specialist certifications. The four general types of allowable activities by which credit may be acquired are described below. These activities are:

- ✓ Experience
- ✓ Higher Education Degree Coursework, Continuing Education and Training
- ✓ Consultation/Mentorship
- ✓ Independent Study: Individual Plans and Specialized Projects  
(Research Studies and Educational Pilots)

### 1. Experience

Experience is the accumulation of knowledge, skill, and ability over time, developed through practice on-the-job. Applicants may include their experience with infants, toddlers and families as a contributing factor in the development of competence and approved under the following conditions:

- a. One year of experience equals one (1.0) training credit. Full-time employment for twelve (12) consecutive months equals one year of experience. A minimum of thirty (30) hours of paid employment per week is required to be considered full-time employment. Certification Reviewers may choose to pro-rate experience, but .5 credits for six (6) consecutive months of full time or twelve (12) months of part time employment is the minimum that can be awarded. Twenty (20) hours per week is the minimum employment time that can be counted toward experience credit.

If the applicant is an hourly employee, the applicant's supervisor must write and submit a signed statement verifying that the applicant has met the twenty (20) hours per week of minimum employment time to be counted toward experience credit.

- b. Experience must be with infants or toddlers, birth to age three, with developmental disabilities or delays, and their families. A maximum of two (2) years may be used that come from serving primarily infants and toddlers who are typically developing or a combination of serving children birth to five. Other experience may be presented to the Certification Reviewer for consideration.
- c. Training credits earned through experience should be distributed according to the predominant focus of the experience.

- Specialist level: A maximum of seven (7) credits may be earned through experience; no more than two (2) experience credits may be applied to one competency type.
- Associate level: A maximum of four (4) credits may be earned through experience; no more than one (1) experience credit may be applied to one competency type.

## 2. Higher Education Degree Coursework, Continuing Education and Training

Higher education degree coursework received and/or provided includes formal courses for credit sanctioned by institutions of higher learning for associate, baccalaureate, or graduate degrees. (See item **a** below.)

Continuing education includes the formal educational courses, institutes, symposia, conferences and workshops offered by institutions of higher learning such as community colleges, universities and regional education agencies such as Area Health Education Centers (AHECs).

Training includes in-service activity typically on a job-related topic offered by service programs for their personnel or by specially funded projects. Continuing education and training received and/or provided may be approved. (See item **b** below.). Applicants looking for training opportunities may find options on our website at [www.ncei.org](http://www.ncei.org) or [www.bearly.nc.gov](http://www.bearly.nc.gov). Click on Training & Event Calendar under Resources tab.

At the discretion of the Certification Reviewer, repeat coursework, continuing education, or training may be approved.

- a. One (1) semester hour approved by a college or university equals 1.5 training credits. One (1) quarter hour approved by a college or university equals .67 semester hours and equates to one (1.0) credit.
- b. Ten (10) contact hours of continuing education or training equals one (1.0) credit. Continuing education or training less than ten (10) contact hours in duration converts into credit at the rate of .1 (1/10) of a credit per contact hour. For example, a five-hour workshop may award .5 credit and a twelve-hour institute, 1.2 credits.
- c. All education or training received or provided within the past fifteen (15) years may be counted. Reviewers may recommend that applicants attend current continuing education or training relevant to the individualized needs of applicants. Applicants seeking credit for providing a training/presentation must ensure that the activity is beyond the applicant's usual scope of work.
- d. Credit will be given for appropriate courses where applicant has earned a grade "C" or better.

- e. Documentation of education or training received or provided must include the following:
- 1) applicant's name
  - 2) date training received or provided
  - 3) title of training
  - 4) training provider agency and/or principal faculty
  - 5) duration (contact hours)
  - 6) name of persons responsible for the activity
  - 7) transcripts/certificate of attendance; syllabus/other form of verification for presenter credit
  - 8) competency type(s) acquired or taught

### 3. Consultation/Mentoring

Consultation/mentoring is the provision of expert advice to help the practitioner achieve insight or develop knowledge, skill, or ability about specific on-the-job issues. Advice may be provided by a technical consultant, a peer, or a mentor. It may occur in group settings that involve collegial support and discussion or in one-to-one relationships. Consultation/mentoring may be approved under the following conditions:

- a. Ten (10) contact hours equals one (1.0) training credit for the consultant/mentor or the person receiving consultation/mentoring.
- b. Consultation/mentoring received within the past fifteen (15) years may be counted. No more than twenty (20) contact hours, or two (2.0) credits, may be counted per competency area.
- c. The consulting/mentoring arrangement must include a written plan developed by the pair and approved by the Certification Reviewer or applicant's supervisor and mentor.

The plan should specify:

- 1) general competency type addressed
- 2) specific learning objectives for the competencies
- 3) the activities to be carried out, such as observation, demonstration, individual and/or group discussions, review of written materials, etc.
- 4) evaluation by advisor and/or advisee
- 5) name and credentials of consultant(s)/mentor(s) to be involved

#### 4. Independent Study

##### a. Individual Plans

The applicant may engage in activities in the pursuit of specific knowledge, skill, or ability through self-directed learning. Types of activities that might be approved are: developing a presentation on a topic of practice, writing an article for a journal, designing curriculum, producing a video or preparing materials to become an instructor in an area of practice.

##### b. Specialized Projects

The applicant may have added major responsibilities in a one-time program where significant information, a new perspective, or a higher skill level is acquired. Projects that might be approved are those where the applicant has a specific role in a demonstration project, educational project, research study, data collection project or a program review related to an area of practice.

##### c. Criteria to be Met (Individual Plans and Specialized Projects)

- 1) Ten (10) contact hours of independent study includes one (1.0) credit. No more than twenty (20) contact hours, or two (2.0) credits, may be counted per competency area.
- 2) Applicant must have prior approval of a supervisor or Certification Reviewer for the independent study.
- 3) To qualify for credit, documentation of the independent study must include a written statement that includes:
  - a) the competency type addressed
  - b) a description of the study objectives and outcomes relevant to the competency to be addressed
  - c) projected number of hours to be applied toward this effort and a subsequent log that includes dates, activities and time spent
  - d) evaluation of the study or specialized project by a third party directly associated with it such as *students who participated in a workshop designed by the applicant or, the editor of a journal where applicant's article appeared.*

#### B. Rate of Earning Credit

##### 1. Certification

- a. The applicant pursuing an Associate or Specialist Certificate must earn all required credits within three (3) years.
- b. The applicant's original hire date to work with the Infant-Toddler Program marks the beginning of the three (3) year time frame for the certification process. Subsequent hire dates because of employment at other CDSAs or contracted provider agencies will not extend the time period to acquire the certification.

- c. However, in the rare instance where there is an interruption (less than three years from the date of hire) in the applicant's work with the Infant-Toddler Program due to events such as:

- 1) illness,
- 2) pregnancy,
- 3) change in work assignment within the same agency, or
- 4) other changes in employment.

The applicant may be allowed to count the time before the interruption toward the three (3) year timeframe. Applicants should discuss these situations with the Certification Reviewer. Applicants are encouraged to develop a plan and consistently monitor their progress toward achieving the certification.

- d. In the event, the applicant's absence from the Infant-Toddler Program exceeds three (3) years; the applicant starts the certification process over.

## 2. Certification Renewal

- a. Certification must be renewed annually at the rate of thirty (30) contact hours (Associate and Specialist). One of these renewal credits may be earned from full-time experience, provided the credit meets the criteria outlined herein.
- b. The Certification Reviewer has several responsibilities after approving the renewal.
- 1) The Reviewer should promptly email the following information to the Resource and Information Unit at [ri.unit@dhhs.nc.gov](mailto:ri.unit@dhhs.nc.gov):
    - name of person whose certificate is being renewed
    - place of that person's employment
    - type of certification (ITFA or ITFS)
    - lapsed or inactive status date, if applicable
    - reviewer's name and place of employment
    - initial certification date

Failure to provide this information within four (4) weeks of the annual certification renewal date will put the renewal into lapsed status.

- 2) The Certification Renewal Worksheet (Appendix H) is required for recording annual renewal information. This will become the official documentation of the renewal. It is to be retained in the Certification Reviewer's files as it may be requested by the Resource and Information Specialist if there are any questions about the renewal.
  - 3) Renewal certificates will be issued by email after receipt of acceptable renewal information. The certificate will indicate the individuals' name, type of certification being renewed (ITFS/ITFA) and the renewal date.
  - 4) The Certification Reviewer should print and sign the front of the renewal certificate before awarding it to the individual to verify renewal.
- c. Annual renewals can be reported "only" for the current renewal year. An early submission of annual renewals will not change the original renewal date.

#### Handling lapsed status

- 1) Renewal information received more than four (4) weeks after the individual's initial certification date expires is considered in lapsed status. This may have implications on the individual's ability to bill for services. **Therefore it is very important that certifications be renewed in a timely manner.**
- 2) All lapsed credit/contact hours for initial and renewal applications must be earned during the lapsed time period and submitted to the Reviewer to determine if they can be counted towards certification.
- 3) Once all lapsed initial and renewal credit/contact hours are recalculated using the lapsed renewal formula (see Appendix F), the Resource and Information Specialist will assign the individual the new renewal date for certification approval.

**If the lapse in time for renewal exceeds three (3) years from the original certification expiration date, the individual must reapply for ITP certification.**

#### Handling inactive status

Certified individuals who subsequently leave the employment of the Infant-Toddler Program (CDSA or contracted provider agencies) or have an interruption in their work with the Infant-Toddler Program due to changes in employment (such as work assignments or duties), or documented leave are **not** eligible to renew their certifications. They are considered **inactive**.

- 1) When there is an interruption of **one year (12 months) or less** from the last renewal date in an individual's work with the Infant-Toddler Program due to:
  - a change in employment at a CDSA or contract provider agencies
  - a change in job duties or work assignments within the same agency
  - documented leave such as illness, pregnancy, family emergencies, etc.**and** the individual returns to work with the Infant-Toddler Program, the individual will count the time before the interruption toward the one (1) year renewal timeframe. Individuals should discuss these situations with the Certification Reviewer. Also see Appendix G for guidance.
- 2) If the interruption in the individual's renewal is **between 12 and 36 months (1 to 3 years)**; the individual may choose to renew (as indicated above) **or** may start the certification process over.
- 3) If the interruption in the individual's renewal **exceeds three (3) years**; the individual **must** start the certification process over.

<b>Required Credits by Competency Type for the Infant, Toddler &amp; Family Associate Certificate and the Infant, Toddler &amp; Family Specialist Certificate.</b>		
<b>COMPETENCY TYPE</b>	<b>CREDIT</b>	
	<b>ASSOCIATE</b>	<b>SPECIALIST</b>
A. Child Development	2.0	6.0
B. Family Development	1.0	3.0
C. Screening and Assessment	1.0	3.0
D. Interdisciplinary Family Service Planning	1.0	2.0
E. Intervention Strategies	2.0	6.0
F. Interagency and Community Process	1.0	2.0
G. Professionalism and Ethics	2.0	1.0
<b>TOTAL</b>	<b>10.0</b>	<b>23.0</b>

10 contact hours = 1.0 credit

1 semester hour = 1.5 credits

1 quarter hour = 1.0 credit









## Observation of Practice for ITFS Certification

Applicant's Name: \_\_\_\_\_ Observer: \_\_\_\_\_

**Directions:** An important element of the certification process is observation of the applicant providing services to children and families.

- Observation of practice should always occur in two settings: *direct and interdisciplinary*.
- Observation should occur after the applicant has worked with the Infant-Toddler Program for *six months or longer*.
- There should be documentation of observation of practice for each competency area included on the application.
- Documentation should be complete and objective so as not to impede the certification process.

Section III of NC I-TP Guidance to Personnel Certification provides a more detailed description of competencies.

**See Appendix A-2 for sample of Observation of Practice.**

**PLEASE ENSURE THAT ALL OBSERVATIONS ARE TYPED AND SIGNED.**

**1. Child Development:** 1) Summarize the development of children from birth to age three. 2) Recognize the importance of play in a child's social, physical, emotional, mental, and language development.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**2. Family Development:** 1) Summarize the development of children and families. 2) Evaluate issues that strengthen children and their families. 3) Develop relationships with families.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**3. Screening and Assessment:** 1) Explain the importance of ongoing child and family assessment. 2) Use tools and techniques of effective assessment. 3) Coordinate the assessment process with the family. 4) Identify suspected child abuse/neglect. 5) Summarize and interpret assessment information.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**4. Interdisciplinary Family Service Planning:** 1) Identify the purposes and results of successful interdisciplinary collaboration. 2) Based on assessment information, develop and implement Individualized Family Service Plans (IFSPs).

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**5. Intervention Strategies:** 1) Plan and implement curricula to meet the special needs of children. 2) Identify and assess behavioral differences of children with high-risk conditions or developmental disabilities. 3) Design and promote developmentally appropriate learning environments. 4) Coordinate intervention services as specified in the IFSP.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**6. Interagency and Community Process:** 1) Give reasons for and benefits of collaboration with families, caregivers, and other service providers. 2) Summarize legislation and regulations that affect children at risk, developmentally disabled children, and their families. 3) Facilitate effective transitions for children and families.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**7. Professionalism and Ethics:** 1) Demonstrate professionalism. 2) Promote positive parent, staff, and community relations. 3) Demonstrate sensitivity to all cultures. 4) Promote positive relationships with families. 5) Demonstrate self-empowerment. 6) Assume responsibility for personal management.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

I recommend the applicant \_\_\_\_\_  
for the SPECIALIST certificate.

Signature of the Reviewer: \_\_\_\_\_

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

Certification Reviewer Contact Information:

1. Name (Print): \_\_\_\_\_
2. Employer: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Telephone Number \_\_\_\_\_

Upon completion of this form, mail to:

El Branch, WCHS, Division of Public Health  
Resource and Information Unit  
1916 Mail Service Center  
Raleigh, NC 27699-1916

THIS IS A SAMPLE OBSERVATION OF PRACTICE

## Observation of Practice for ITFS Certification

**DIRECTIONS:** An important element of the certification process is observation of the applicant providing services to children and families.

- Observation of practice should always occur in two settings: *direct and interdisciplinary*.
- Observation should occur after the applicant has worked with the Infant-Toddler Program for *six months or longer*.
- There should be documentation of observation of practice for each competency area included on the application.
- Documentation should be complete and objective so as not to impede the certification process.

Section III of NC I-TP Guidance to Personnel Certification provides a more detailed description of competencies.

**PLEASE ENSURE THAT ALL OBSERVATIONS ARE TYPED AND SIGNED.**

**1. Child Development:** 1) Summarize the development of children from birth to age three. 2) Recognize the importance of play in a child's social, physical, emotional, mental, and language development.

### a) Direct Service Setting(s)

***Complete, Objective Example:***

Jane, CBRS Provider, was observed during a session with a child (Emma, 20 months), Emma's mother and Emma's Early Intervention Service Coordinator. Upon arrival Emma was on the floor playing with toys. Jane introduced herself and explained her role in family-friendly language.

Jane actively listened to mother when she voiced concerns about her child's motor development. Mother described a typical day as well as Emma's favorite activities. Mother reported that Emma's favorite meal is breakfast and listed all her favorite foods. Mother stated that grocery shopping with Emma is a struggle because she refuses to sit in a cart, and therefore has to be held. Mother stated that Emma is getting too heavy to hold for long periods of time and wants her to walk like other children her age.

Jane joined in Emma's play activities and Emma responded with a smile. Emma pushed her toy shopping cart around with Jane's assistance. Jane helped Emma to kneel down to pick up make-believe food from the floor, and helped her to stand and place "food" in the basket. Emma smiled and said, "Help mama!" Jane explained to mother techniques used and how these techniques are helpful in improving motor development. Mother joined Emma's pretend shopping trip implementing strategies shared by Jane.

Jane and the Service Coordinator shared activities with Emma's mom that can be done during daily routines to help Emma learn to walk independently. Activities included walking with support to the table to eat her favorite breakfast foods and helping to push the shopping cart at the grocery store.

***Incomplete, Subjective Example:***

I observed the CBRS provider in an evaluation and she works well with professionals and families. She is very knowledgeable about child development and does a good job explaining gross motor activities on the IFSP during IFSP reviews.

### b) Interdisciplinary Setting(s)

***Complete, Objective Example:***

During a Speech Therapy evaluation for John (2 years old), Jane used model interaction techniques with John and Speech Therapist to facilitate rapport building and to help John use his words. The CBRS provider also assisted the family in reporting to the Speech Therapist their concerns and daily intervention strategies used to promote John's communication skills.

Jane has also been observed during an IFSP review with a team that consists of parents, a Service Coordinator, and an Occupational Therapist. She spoke in family friendly language while participating in the discussion about the child's progress and ongoing motor needs.

***Incomplete, Subjective Example***

I observed the CBRS provider in an evaluation and she works well with professionals and families. She is very knowledgeable about child development and does a good job explaining gross motor activities on the IFSP during IFSP reviews.

Name of Applicant and Title: \_\_\_\_\_  
 Current Program Affiliation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 # Years Experience: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Undergraduate Major: \_\_\_\_\_ Graduate Major: \_\_\_\_\_

Please ensure that all applications are typed and signed.

<b>A. Child Development</b>	<b>2.0 Credits (20 Contact Hours)</b>	
Course Title or Other Activity	Date(s)	Hours
	<b>Total Hours:</b>	<b>0.00</b>

<b>B. Family Development</b>	<b>1.0 Credits (10 Contact Hours)</b>	
Course Title or Other Activity	Date(s)	Hours
	<b>Total Hours:</b>	<b>0.00</b>

<b>C. Screening and Assessment</b>		<b>1.0 Credits (10 Contact Hours)</b>	
Course Title or Other Activity	Date(s)	Hours	
<b>Total Hours:</b>		<b>0.00</b>	

<b>D. Interdisciplinary Family Service Planning</b>		<b>1.0 Credits (10 Contact Hours)</b>	
Course Title or Other Activity	Date(s)	Hours	
<b>Total Hours:</b>		<b>0.00</b>	

<b>E. Intervention Strategies</b>		<b>2.0 Credits (20 Contact Hours)</b>	
Course Title or Other Activity	Date(s)	Hours	
<b>Total Hours:</b>		<b>0.00</b>	

F. Interagency and Community Process	1.0 Credits (10 Contact Hours)	
Course Title or Other Activity	Date(s)	Hours
<b>Total Hours:</b>		<b>0.00</b>

G. Professionalism and Ethics	2.0 Credits (20 Contact Hours)	
Course Title or Other Activity	Date(s)	Hours
<b>Total Hours:</b>		<b>0.00</b>

## Observation of Practice for ITFA Certification

Applicant's Name: \_\_\_\_\_ Observer: \_\_\_\_\_

**Directions:** An important element of the certification process is observation of the applicant providing services to children and families.

- Observation of practice should always occur in two settings: *direct and interdisciplinary*.
- Observation should occur after the applicant has worked with the Infant-Toddler Program for *six months or longer*.
- There should be documentation of observation of practice for each competency area included on the application.
- Documentation should be complete and objective so as not to impede the certification process.

Section III of NC I-TP Guidance to Personnel Certification provides a more detailed description of competencies.

**See Appendix A-4 for sample of Observation of Practice.**

**PLEASE ENSURE THAT ALL OBSERVATIONS ARE TYPED AND SIGNED.**

**1. Child Development:** 1) Summarize the development of children from birth to age three. 2) Recognize the importance of play in a child's social, physical, emotional, mental, and language development.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**2. Family Development:** 1) Summarize the development of children and families. 2) Examine issues that influence the strengths of children, adults, and families.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**3. Screening and Assessment:** 1) Explain the purposes and benefits of assessing children and their families. 2) Practice ways to accurately report and interpret observation information.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**4. Interdisciplinary Family Service Planning:** 1) Recognize ways to help parents become active members of their child's early intervention team. 2) Support effective transitions for families and children. 3) Recognize professionals and their roles in assisting children. 4) Recognize child and family rights.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**5. Intervention Strategies:** 1) Assist with individual and group interventions with children. 2) Communicate effectively with children and their families. 3) Interact with children in a structured learning environment. 4) Maintain a safe and healthy environment for children. 5) Assist multidisciplinary teams.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**6. Interagency and Community Process:** 1) Summarize the benefits of collaborating with families. 2) Summarize the benefits of the early intervention process.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

**7. Professionalism and Ethics:** 1) Show awareness of self-empowerment. 2) Assume responsibility for personal management. 3) Communicate effectively. 4) Summarize the ethics of working with children and families. 5) Show sensitivity to all cultures.

a) Direct Service Setting(s):

b) Interdisciplinary Setting(s):

I recommend the applicant \_\_\_\_\_  
for the ASSOCIATE certificate.

Signature of the Reviewer: \_\_\_\_\_

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

Certification Reviewer Contact Information:

1. Name (Print): \_\_\_\_\_
2. Employer: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Telephone Number \_\_\_\_\_

Upon completion of this form, mail to:

El Branch, WCHS, Division of Public Health  
Resource and Information Unit  
1916 Mail Service Center  
Raleigh, NC 27699-1916

THIS IS A SAMPLE OBSERVATION OF PRACTICE

## Observation of Practice for ITFA Certification

**DIRECTIONS:** An important element of the certification process is observation of the applicant providing services to children and families.

- Observation of practice should always occur in two settings: *direct and interdisciplinary*.
- Observation should occur after the applicant has worked with the Infant-Toddler Program for *six months or longer*.
- There should be documentation of observation of practice for each competency area included on the application.
- Documentation should be complete and objective so as not to impede the certification process.

Section IV of NC I-TP Guidance to Personnel Certification provides a more detailed description of competencies.

**PLEASE ENSURE THAT ALL OBSERVATIONS ARE TYPED AND SIGNED.**

**1. Child Development:** 1) Summarize the development of children from birth to age three. 2) Recognize the importance of play in a child's social, physical, emotional, mental, and language development.

### a) Direct Service Setting(s)

***Complete, Objective Example:***

Jane, CBRS Provider, was observed during a session with a child (Emma, 20 month), Emma's mother and Early Intervention Service Coordinator. Upon arrival Emma was on the floor playing with toys. Jane introduced herself and explained her role in family-friendly language.

Jane actively listened to mother when she voiced concerns about her child's motor development. Mother described a typical day as well as Emma's favorite activities. Mother reported that Emma's favorite meal is breakfast and listed all her favorite foods. Mother stated that grocery shopping with Emma is a struggle because she refuses to sit in a cart, and therefore has to be held. Mother stated that Emma is getting too heavy to hold for long periods of time and wants her to walk like other children her age

Jane joined in Emma's play activities and Emma responded with a smile. Emma pushed her toy shopping cart around with Jane's assistance. Jane helped Emma to kneel down to pick up make-believe food from the floor, and helped her to stand and place "food" in the basket. Emma smiled and said, "Help mama!" Jane explained to mother techniques used and how these techniques are helpful in improving motor development. Mother joined Emma's pretend shopping trip implementing strategies shared by Jane.

Jane and the Service Coordinator shared activities that can be done during daily routines to help Emma learn to walk independently. Activities included walking with support to the table to eat her favorite breakfast foods and helping to push the shopping cart at the grocery store.

***Incomplete, Subjective Example:***

I have observed the CBRS provider and she did a great job talking to the mother. I have worked with her for 15 years and she always shares appropriate activities with families

### b) Interdisciplinary Setting(s)

***Complete, Objective Example:***

During a Speech Therapy evaluation for John (2 years old), Jane used model interaction techniques with John and Speech Therapist to facilitate rapport building and to help John use his words. The CBRS provider also assisted the family in reporting to the Speech Therapist their concerns and daily intervention strategies used to promote John's communication skills.

Jane has also been observed during an IFSP review with a team that consists of parents, a Service Coordinator, and an Occupational Therapist. She spoke in family friendly language while participating in the discussion about the child's progress and ongoing motor needs.

***Incomplete, Subjective Example***

I observed the CBRS provider in an evaluation and she works well with professionals and families. She is very knowledgeable about child development and does a good job explaining gross motor activities on the IFSP during IFSP reviews.

**Purpose:** To document consultation/mentoring/independent study for selected Types of Competence. (See Sample Agreement B2)

**Instructions:** Indicate the Type(s) of Competence, learning objectives, methods of learning (research, observation, demonstration, etc.), and the means of evaluation used to verify completion of objectives. Applicant must have prior documented approval of a supervisor or Certification Reviewer for the independent study agreement. However, the Mentoring agreement must be approved by either the Certification Reviewer or Supervisor and Mentor. Please submit this form to the Branch Office with the application.

EI Branch, WCHS, Division of Public Health  
Resource and Information Unit  
1916 Mail Service Center  
Raleigh, NC 27699-1916  
Fax: 919-870-4834

**Type of Competence:** (Child Development, Family Development, etc. Include number of projected hours to be spent on project)

**Learning Objectives:**

**Methods (Research, Observation, Consultation, Mentoring, etc. include all that apply):**

**Evaluation (verification of meeting objectives):**

**Date Initiated:** \_\_\_\_\_

**Target Date:** \_\_\_\_\_

**Signatures:** \_\_\_\_\_  
*Applicant*

\_\_\_\_\_  
*Supervisor or Reviewer/Mentor*

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

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

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

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

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

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

**Date Completed:** \_\_\_\_\_

**Signatures:** \_\_\_\_\_  
*Applicant*

\_\_\_\_\_  
*Mentor/Supervisor/Reviewer*

**THIS IS A SAMPLE AGREEMENT**

**Purpose:** To document consultation/mentoring/independent study for selected Types of Competence.

**Instructions:** Indicate the Type(s) of Competence, learning objectives, methods of learning (research, observation, demonstration, etc.), and the means of evaluation used to verify completion of objectives. Applicant must have prior documented approval of a supervisor or Certification Reviewer for the independent study agreement. However, the Mentoring agreement must be approved by either the Certification Reviewer or Supervisor **and** Mentor. Please submit this form to the Branch Office with the application.

El Branch, WCHS, DPH  
Resource and Information Unit  
1916 Mail Service Center  
Raleigh, NC 27699-1916  
Fax: 919-870-4834

**Type of Competence:** (Child Development, Family Development, etc. Include number of projected hours to be spent on project):

Intervention Strategies, 15 hours

**Learning Objectives:**

The applicant will observe and demonstrate:

- 1) a variety of teaching techniques, including incidental teaching, prompting, teaching through play, facilitating self-directed learning
- 2) Intervention techniques relevant to developmental impairments

**Methods (Research, Observation, Consultation, Mentoring, etc. Include all that apply):**

The applicant will review materials both written and video related to teaching techniques; will accompany a consultant on home visits totaling 10 hours of observation with discussion following.

**Evaluation (verification of meeting objectives):**

Consultant will observe the applicant in demonstrating teaching techniques with children and will provide a written summary of the applicant's learned competencies for the reviewer.

**Date Initiated:** \_\_\_\_\_

**Target Date:** \_\_\_\_\_

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

*Applicant*

\_\_\_\_\_

*Supervisor or Reviewer/Mentor*

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

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

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

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

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

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

**Date Completed:** \_\_\_\_\_

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

*Applicant*

\_\_\_\_\_

*Mentor/Supervisor/Reviewer*

Purpose: To award credit for personnel development activities such as workshops, courses, conferences, and in-service training. Review and approve trainings for the NC ITP Training and Events Calendar.

Instructions: Continuing education or training representatives who request approval must complete this form **at least four weeks prior to the event/training**. Complete this form and mail, email, or fax with event brochure or agenda and presenter's qualifications to:

El Branch, WCHS, Division of Public Health  
Resource and Information Unit  
1916 Mail Service Center  
Raleigh, NC 27699-1916  
Fax: 919-870-4834/Email: [ri.unit@dhhs.nc.gov](mailto:ri.unit@dhhs.nc.gov)

Please consider my request for (choose one):

- Infant-Toddler training certificate only. Complete items with asterisks only.
- Infant-Toddler training certificate and consideration of the training for posting on Training and Events calendar ([www.bearly.nc.gov/index.php/resources/calendar](http://www.bearly.nc.gov/index.php/resources/calendar)). Complete the entire form.

\*Title of Event: \_\_\_\_\_

\*Date of Event: \_\_\_\_\_ \*Location & Address: \_\_\_\_\_

Training Start and End Time:

Target Audience:  CDSA staff  Providers  Parents  Other

Fees:

\*Competency Area to be Addressed:

\*Objectives:

How to register (attach registration form, if applicable):

\*Number of Hours (Do not count Break and Meal Times): \_\_\_\_\_

\*Training Presenter(s): \_\_\_\_\_

\*Training Event Coordinator: \_\_\_\_\_

\*Name of Person Making This Request: \_\_\_\_\_

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

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

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

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Please send presenter's qualifications and event brochure or agenda.

Purpose: To document requests to designate individuals as Certification Reviewers for applicants seeking personnel certification through the North Carolina Infant-Toddler Program. **All Reviewers must have the Specialist level certificate and have attended Certification Reviewer training.**

Instructions: The CDSA director or his/her designee should complete the form below to designate a CDSA employee or contracted service provider as a Certification Reviewer. The following items are also to be submitted with the form below:

- ♦ copy of the person's Certification Reviewer Training certificate
- ♦ copy of the person's most recent Specialist certificate

All information should be sent to:

EI Branch, WCHS, Division of Public Health  
Resource and Information Unit  
1916 Mail Service Center  
Raleigh NC 27699-1916  
Fax: 919-870-4834

Name of Recommended Reviewer: _____	
Affiliation: _____	
Address: _____	
Phone: _____	Fax: _____
Email: _____	
Number of Years of Experience in Early Childhood Intervention: _____	
Attended Certification Reviewer Training: _____	
Date: _____	Location: _____
Name of Person Making Recommendation & Title: _____	
Affiliation: _____	
Address: _____	
Phone: _____	Fax: _____
Email: _____	
Signature: _____	Date: _____

Purpose: To establish and maintain continuity of an applicant's progress toward obtaining Infant-Toddler Program certification. *Failure to provide this letter of transfer may result in the applicant's inability to continue to provide service.* This letter also helps to monitor the three year timeframe from date of hire for completion of certification.

Instructions: The letter should be obtained by the applicant on the letterhead of the agency from which the applicant is leaving and include the following (see sample below):

1. Name and Title of Applicant
2. Date
3. Name of CDSA or affiliated program
4. Infant-Toddler Program date of hire and termination with agency (month and year)
5. Date the applicant began application process (month and year)
6. Applicant employment status (Full or Part-time)
7. Type of certification applicant pursuing (Associate or Family)
8. Type of work performed
9. Age range of children applicant served
10. Supervisor signature
11. Agency's address and telephone number
12. Applicant signature and date

*The numbers in the sample correspond to 12 items above.*

### **Crystal Clear Directions**

123 Regina Way  
Mayberry, NC 12345  
(252) 123-4567<sup>11</sup>

June 30, 2008<sup>2</sup>

To whom it may concern:

Tammy Bailey<sup>1</sup> came to Crystal Clear Directions<sup>3</sup> from Denise's Child Care where she was a lead teacher<sup>1</sup> for the two-year old<sup>9</sup> classroom. Ms. Bailey was a full-time<sup>6</sup> employee working 35 hours each week. She worked with our agency from January 5, 2007<sup>4</sup> until May 23, 2008<sup>4</sup>. She began the application process for the Infant-Toddler Family Specialist<sup>7</sup> in February 2007<sup>5</sup>. During this time, she provided CBRS<sup>8</sup> for children in the Infant – Toddler Program.

Ms. Bailey was an asset to our program and we wish her well in her future endeavors. Please feel free to contact me if you have any questions.

Sincerely,

*C. Ann Smith*

C. Ann Smith<sup>10</sup>  
Owner/CBRS Supervisor

*Tammy Bailey July 2, 2008*<sup>12</sup>

Applicant should sign and date

### HOW TO CALCULATE A LAPSE IN CERTIFICATION

Individuals may not renew their certification for a variety of reasons. This lapse in having valid certification may have negative ramifications on whether someone can legitimately continue to provide services.

Following are steps, examples and a chart to help you calculate the number of contact hours required to reactivate lapsed ITFA/ITFS certification.

**Step 1:** Determine the number of months the certification has lapsed. Start with the last renewal date and count the months to the current date. Round up to the next month if the lapsed time falls between months. For instance, if the lapse is determined to be two and one-half (2.5) months or more, round up to three (3) months.

**EXAMPLE 1:** Jeanne Francis' last renewal date was January 2006. She leaves the ITP system but returns September 2008 when she submits her paperwork to renew her certification. Jeanne's certificate is in **inactive** status. See Appendix G.

**EXAMPLE 2:** John Williams' last renewal date was January 2006. He fails to submit paperwork for renewal until September 2008. John's certificate has been in **lapsed** status for 20 months.

**Step 2:** The chart below indicates that a twenty (20) month lapse requires fifty (50) contact hours.

**Step 3:** Add this number (50) to the annual renewal contact hour requirement of thirty (30) hours. Thus, to renew John's certification, he will need **eighty (80)** contact hours.  
(50 + 30 = 80)

**Step 4:** Assign new renewal date to correspond with date certification is renewed.

**TABLE TO DETERMINE THE NUMBER OF CONTACT HOURS REQUIRED FOR THOSE IN LAPSED STATUS**

Months of Lapse	Contact hour requirement	Months of Lapse	Contact hour requirement	Months of Lapse	Contact hour requirement
1	2.5	13	32.5	25	62.5
2	5.0	14	35.0	26	65.0
3	7.5	15	37.5	27	67.5
4	10.0	16	40.0	28	70.0
5	12.5	17	42.5	29	72.5
6	15.0	18	45.0	30	75.0
7	17.5	19	47.5	31	77.5
8	20.0	20	50.0	32	80.0
9	22.5	21	52.5	33	82.5
10	25.0	22	55.0	34	85.0
11	27.5	23	57.5	35	87.5
12	30.0	24	60.0	36	90.0

If the time between renewing certification is more than three (3) years (36 months) from the original certification expiration date, the individual must reapply for ITP certification. For example, if Susan's certificate was to be renewed in June 2005 and she submits paperwork for renewal on September 2008, she would not qualify for recertification, but would have to begin the certification process again.

### OTHER EXAMPLES OF HOW TO CALCULATE LAPSE IN CERTIFICATION

**Example 3:** An individual, whose renewal date was **March 2004** and who failed to submit the required **thirty (30) contact hours** by March 2005, is considered in lapsed status. If the individual presents for renewal in **May 2005**, the lapse is two (2) months which corresponds to a **five (5) contact hour** requirement. Therefore, **thirty-five (35) contact hours** are required for renewal.

$$(30 + 5 = 35)$$

**Example 4:** An individual's renewal date is **June 2006**, but the individual is on medical leave for five (5) months and doesn't submit for renewal until s/he returns to work in **November 2006**. The individual's certification has been in lapsed status for five (5) months which equals **twelve and one-half (12.5) contact hours**. This situation requires **forty-two and one-half (42.5)** contact hours for renewal.

$$(30 + 12.5 = 42.5)$$

### HOW TO CALCULATE LAPSE FOR INITIAL INFANT TODDLER FAMILY CERTIFICATES

**Example 5:** An individual's pursuit of initial **ITFS** exceeds the three (3) year requirement by five (5) months. The individual's certification application is considered in lapsed status for five (5) months which equals **twelve and one-half (12.5) contact hours**. This situation requires **twenty-three (23) credits/230 contact hours (as outlined on the ITFS application and worksheet)** plus **twelve and one-half (12.5) contact hours** for the five (5) months of lapsed status before the application will be for considered for certification. In addition, the additional contact hours must be earned during the lapsed period.

$$(230+12.5=242.5)$$

**Example 6:** An individual's pursuit of initial **ITFA** exceeds the three (3) year requirement by five (5) months. The individual's certification application is considered in lapsed status for five (5) months which equals **twelve and one-half (12.5) contact hours**. This situation requires **ten (10) credits/contact hours (as outlined on the ITFA application and worksheet)** plus **twelve and one-half (12.5) contact hours** for the five (5) months of lapsed status before the application will be for considered for certification. In addition, the additional contact hours must be earned during the lapsed period.

$$(100+12.5=112.5)$$

**Example 7:** An individual's ITF initial certification is due **June 2006**, but the individual has had an **interruption of service for 7 months (March 2006 to September 2006 and returns to work in October 2006)**. The individual's time counted toward certification stops in **March 2006 at 33 months and picks up again (at 33 months) in October 2006; therefore, leaving 3 months (January 2007) to obtain ITF certification**. The individual submits an application in **April 2007**. The individual's certification application is considered in lapsed status for two (2) months, which equals **five (5) contact hours**. This situation requires **twenty-three (23) credits/contact hours (as outlined on the ITFS application and worksheet)** plus **five (5) contact hours** for the two (2) months of lapsed status before the application will be considered for certification. In addition, the additional contact hours must be earned during the lapsed period.

$$(230+5=235)$$

If an interruption of service exceeds three (3) years, the applicant starts the certification process over (See Section V).

## HOW TO CALCULATE AN INACTIVE RENEWAL IN CERTIFICATION

Individuals' renewal cycles may be interrupted for a variety of reasons such as change in employment with the ITP (CDSA or contracted provider) or documented leave. This interruption places the individual in **INACTIVE** status, and requires appropriate calculation of renewal credits if the individuals' interruption is less than three (3) years from their last renewal.

Following are steps, examples and a chart to help you calculate the number of contact hours required to reactivate inactive ITFA/ITFS certification.

**Step 1:** Determine the **number of active renewal months**. Start with the month of renewal interruption. Subtract the month of the most current certification date (either initial certification or last renewal).

**Month of renewal interruption – Month of last renewal = Number of active renewal months.**

**Step 2:** Determine the **number of months available to renew**. Start with twelve (12) months and subtract the number of active renewal months (from Step 1). This number provides you with the number of months an individual has left in the one (1) year renewal cycle to renew his/her certification.

**12 – Number of active renewal months = Number of months available to renew.**

**EXAMPLE 1:** Jeanne Francis' last renewal date was January 2006. She leaves the ITP system in August 2006 (rendering her status inactive), but returns December 2006. Jeanne now has **5 months** (until May 2007) to renew her certification. Her new renewal date will be May 2007, not January 2007.

August 2006 – January 2006 = 7 months  
12 – 7 = 5 months left to renew certification

**EXAMPLE 2:** Sally Rodgers' last renewal date was March 2007. She begins medical leave in May of 2007 (rendering her status inactive), and returns to work June 2008. She now has **10 months** (until April 2009) to renew her certification or she can choose to submit an initial application.

May 2007 – March 2007 = 2 months  
12 – 2 = 10 months left to renew certification

**EXAMPLE 3:** John Smith's last renewal date was November 2005. He left employment with the ITP, but decided to return in February 2009. His interruption in renewal exceeds three (3) years. Thus, he **must** submit an initial certification application.

February 2009 – November 2005 = 39 months, which exceeds 3 years. John must start the process over and submit an initial application.

**EXAMPLE 4:** Hilda May's last renewal date was June 2007. Due to a change in her job duties in March 2008, she no longer works with children enrolled in the ITP. She accepts another position working with children enrolled in the ITP in March 2009. Hilda now has **3 months** (June 2009) to renew her certification or she can choose to submit an initial certification application.

March 2008 – June 2007 = 9 months

12 – 9 = 3 months left to renew certification or submit an initial certification application.

**Step 3:** The chart below indicates a twelve (12) month renewal cycle and months available to renew.

**Step 4:** Determine when renewal is due.

**Step 5:** Once the individual returns to work and submits the required 30 hours of documented renewal credit, his/her renewal can be renewed at that time. Renewal credit/contact hours must be earned **after** the most current certification date (either initial certification or last renewal). The Resource & Information Specialist will assign the new renewal date.

**TABLE TO DETERMINE THE MONTHS AVAILABLE TO RENEW**

Months of Renewal Cycle	Number of Active Renewal Months	Months Available to Renew
12	11	1
12	10	2
12	9	3
12	8	4
12	7	5
12	6	6
12	5	7
12	4	8
12	3	9
12	2	10
12	1	11
12	0	12



THIS IS A SAMPLE RENEWAL CERTIFICATE

**North Carolina Infant-Toddler Program  
Certificate of Renewal**

This Certifies That

*Jessica Weaver*

---

Has Fulfilled the Requirements for Renewal of the  
Infant, Toddler and Family Specialist Certificate

 nc department of health and human services	<hr/> <p>Certification Reviewer NC Infant-Toddler Program</p>	<hr/> <p>3/10/09 Date</p>
 North Carolina Public Health	 Harriette N. Bailey Resource & Information Unit Specialist NC Infant-Toddler Program	<hr/> <p>3/10/09 Date</p>

# North Carolina Infant-Toddler Program

State of North Carolina  
Department of Health and Human Services  
Division of Public Health  
Women's and Children's Health Section  
Early Intervention Branch  
919-707-5520  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.bearly.nc.gov](http://www.bearly.nc.gov)



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July 2011

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