



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE
IDEA Part C Office
4126 Technology Way, Ste.100 text.
Carson City, NV
Telephone (775) 687-0588 • Fax (775) 687-0599
<http://dhhs.nv.gov>

MEMORANDUM

Date:

To:
Through:
From:

Re: Alternative Certification Path to Endorsement for Developmental Specialist

Justification:

Acknowledgement:

I understand that the alternative I am requesting is an exception made by the Nevada IDEA Part C office, as allowed in Federal Statute (Part C Sec. 303.119) and is specific only to the endorsement for Early Childhood Developmentally Delayed so that I may pursue/continue my work with children with disabilities (aged birth through 2 years) in the state of Nevada who are enrolled with Early Intervention Services. Additionally, I understand all other requirements remain the same and in accordance to the licensure requirements and continuing education units for renewal, as set forth by the Nevada Department of Education.

Pursuant to NAC 391.075, credits used for license renewal must be:

- (1) Directly related to a person's current license, or in an area that will enhance the effectiveness of that person's teaching (For our purposes, credits must be earned in [Special Education or Early Childhood Education](#)); or*
- (2) In a subject for which shortages of personnel exist, as determined by the State Board of Education; or*

(3) Part of an approved program leading to an advanced degree.

Requirements:

As a part of my request I have included these required items:

Official Transcripts have been ordered and sent directly to:

Part C Coordinator
Part C Office
4126 Technology Way, Ste.100
Carson City, NV 89706

Verification of Work Experience (*Minimum of one year experience required.*):

From:
Company, School, or Agency:
Supervisor:
Supervisor phone and email:

Supervisor signature _____

My contact Information:

Email:

Result:

Determination:

Upon receipt of all required documentation, the Nevada IDEA Part C Office will make every attempt to review my file within 30 days and I will receive a letter of determination following that date.

Thank you for your consideration and continued support,

Signature

Date