Joe Lombardo

*Governor*



**Department of**

**Health and Human Services**

 Director’s Office

 *Helping people. It’s who we are and what we do.*

**

Richard Whitley, MS

*Director*

**Application for IDEA Part C Alternative Certification**

**Date: Click or tap to enter a date.**

**To:** IDEA Part C Licensure Team

**Through Program Manager/Supervisor:** First Name Last Name, Position Title, Agency

**From Applicant:** First Name Last Name, Position Title, Agency

**Re: Alternative Certification Path to Endorsement for Developmental Specialist**

**Justification:**

Explain your goal for requesting the Alternative Certification. Describe any barriers in obtaining your traditional licensure. Delete red text when complete. Click or tap here to enter text.

**Acknowledgement:**

I understand that the Alternative Certification I am requesting is an exception made by the Nevada IDEA Part C Office, as allowed in Federal Statute (Part C Sec. 303.119). The Alternative Certification 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 to 3) 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 credits/hours for renewal, as set forth by the Nevada Department of Education.

*Pursuant to NAC 391.065 educator license renewal now requires 15 hours each calendar year of professional development or the equivalent of in-service training. For more information, see the Nevada Department of Education Educator Brochure with Licensure Renewal Updates at:*

<https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/Educator_Brochure_Viewable_6e6c3b2aee.pdf>

**Requirements:**

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

[ ]  Copy of Transcripts (unofficial transcripts accepted) or a copy of my Professional Educator License with an Endorsement in Early Childhood Developmentally Delayed, 0-7 years, issued by the Nevada Department of Education has been directly emailed to The IDEA Part C Licensure Team:

Lori Ann Malina-Lovell, Part C Coordinator: lamalinalovell@dhhs.nv.gov

Iandia Morgan, DS IV: imorgan@dhhs.nv.gov

Mary Garrison, AAIV: mgarrison@dhhs.nv.gov

Jalin T. McSwyne, AAIII: jtmcswyne@dhhs.nv.gov

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

 From: Click or tap to enter a date. To: Click or tap to enter a date.

 Company, School, or Agency: Click or tap here to enter text.

 Supervisor: Click or tap here to enter text.

 Supervisor phone and email: Click or tap here to enter text.

**Supervisor signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  My contact Information:

 Email: Click or tap here to enter text.

**Determination:**

Upon receipt of all required documentation at the Nevada IDEA Part C Office my file will be reviewed within 30 days and I will receive a letter of determination following that date.

Thank you for your consideration and continued support,

Full Name, Position

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Signature Date