**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 391.075, 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 Early Childhood Special 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:

Copy of Transcripts has been directly emailed to The IDEA Part C Licensure Team:

Lori Ann Malina-Lovell, Part C Coordinator: [lamalinalovell@dhhs.nv.gov](mailto:lamalinalovell@dhhs.nv.gov)

Iandia Morgan, DS IV: [imorgan@dhhs.nv.gov](mailto:imorgan@dhhs.nv.gov)

Mary Garrison, AAIV: [mgarrison@dhhs.nv.gov](mailto:mgarrison@dhhs.nv.gov)

Jalin T. McSwyne, AAIII: [jtmcswyne@dhhs.nv.gov](mailto: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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A scanned copy of my Praxis attempt(s) results:

Date: Click or tap to enter a date. Result: Click or tap here to enter text.

Date: Click or tap to enter a date. Result: Click or tap here to enter text.

Date: Click or tap to enter a date. Result: Click or tap here to enter text.

My contact Information:

Email: Click or tap here to enter text. Result: 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 10 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