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*

**Renewal for IDEA Part C Alternative Certification**

**Date:**

**To:** IDEA Part C Licensure Team

**Through Program Manager/Supervisor-**

Supervisor First and Last Name:

Supervisor Email:

Supervisor Title and Program Name:

**From Applicant-**

Applicant First and Last Name:

Applicant Email:

Applicant Title:

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

I understand that the Alternative Certification Renewal 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 Renewal 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 with the licensure requirements and continuing education 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 renewal, I have completed the following continuous education hours (additional fields provided below if needed, or provide a separate letter on letterhead signed by supervisor):

1. **Name of course/training:**

**Instructor/Organization providing course/training:**

**Date of course/training:**

**Hours Completed:**

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**Instructor/Organization providing course/training:**

**Date of course/training:**

**Hours Completed:**

**Determination:**

Upon receipt of all required documentation at the Nevada IDEA Part C Office my renewal will be reviewed within 90 days, and I will receive a letter of determination following that date. As part of my renewal, I will provide the IDEA Part C Licensure Team this signed renewal form, and certificates or links to continuous education hours courses/trainings completed.

Thank you for your consideration and continued support,

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Signature Date

**Please send completed renewal form and coarse/training certificates or links to:**

Elizabeth (Betsy) Newman, CPP II, IDEA Part C Coordinator: [elnewman@dhhs.nv.gov](mailto:elnewman@dhhs.nv.gov)

Maya Raimondi, Nevada EI PDC Director, DS IV Contractor: [mraimondi@dhhs.nv.gov](mailto:mraimondi@dhhs.nv.gov)

Iandia Morgan, CPP I: [imorgan@dhhs.nv.gov](mailto:imorgan@dhhs.nv.gov)

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

Jalin T. McSwyne, AA III: [jtmcswyne@dhhs.nv.gov](mailto:jtmcswyne@dhhs.nv.gov)

**Renewal Timeframes:**

|  |  |  |
| --- | --- | --- |
| **Quarter** | **Time Frame/Due** | **Renewal Received By** |
| First Quarter | July 1-September 30 | October 15 |
| Second Quarter | October 1-December 31 | January 15 |
| Third Quarter | January 1-March 31 | April 15 |
| Fourth Quarter | April 1-June 30 | July 15 |