

**Application for  
CHILD CARE HEALTH CONSULTANT**

**Mission: To promote optimal health, safety, nutrition, and development  
for children in out-of-home child care programs.**

**Name:**

*First*

*Middle*

*Last*

**Address:**

*Street (including apartment #)*

*City*

*State*

*Zip Code*

**Daytime Phone:** (    ) -    **ext.**    **Evening Phone:** (    ) -

**Cell Phone:** (    ) -    **Fax Number:** (    ) -

**Email:**

**Employer:**

**Company**

**Address:**

*Street (including apartment or suite #)*

*City*

*State*

*Zip Code*

**Job Title:**

**Brief**

**Description of  
Job Duties:**

Will this role be incorporated into your current job role?     YES     NO

Is your supervisor aware of the time commitment you must make to participate as a National Trainer of CCHCs or Child Care Health Consultant?     YES     NO     N/A

Has your supervisor agreed to this commitment as an **ongoing** part of your job?     YES     NO     N/A

**A statement of approval at the end of this application must be signed by your employer/supervisor.**

**Applicant's Name:** \_\_\_\_\_

**Training Skills:**

Do you have any prior experience in training health/child care professionals?  YES  NO

Are you registered with the Texas Early Care and Education Career Development System?

YES  NO If YES, List Registry #: \_\_\_\_\_

**To be a Texas Child Care Health Consultant, you must have a minimum of a Bachelor's Degree in Child Development, Early Childhood Education, Health Education/Promotion, Nursing (R.N.), or a related field (including 12 Academic Hours in Child Development or Early Childhood/Early Care And Education)**

**PLEASE INDICATE AREA OF STUDY AND LEVEL OF EDUCATION:**

Type of School	Name of School/Location	Date Graduated	Degree Type	Major/Minor Fields of Study
Undergraduate				
Graduate/Post Graduate				

**License # (if applicable)** \_\_\_\_\_

**PLEASE ATTACH\*:**

- A RESUME OF YOUR EDUCATION/TRAINING/WORK EXPERIENCES
- TRANSCRIPTS
- A TYPED, BRIEF DESCRIPTION OF YOUR AREA OF EXPERTISE AND WHY YOU ARE INTERESTED IN BECOMING A NATIONAL TRAINER OF CHILD CARE HEALTH CONSULTANTS OR CHILD CARE HEALTH CONSULTANT

**\*Applications will not be considered until all required documents have been received**

**Please Note: Child Care Licensing requires background checks on all individuals who are regularly or frequently present at a child care facility while children are in care; therefore, you may be asked to complete a background check.**

**Applicant's Name:** \_\_\_\_\_

**Professional References:**

*Reference 1:*

Name: \_\_\_\_\_ Phone: (    )    - \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

*Reference 2:*

Name: \_\_\_\_\_ Phone: (    )    - \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

*Reference 3:*

Name: \_\_\_\_\_ Phone: (    )    - \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

**Signed statement of approval from your employer:**

I, \_\_\_\_\_, understand and support  
(Employer's/Supervisor's Name)  
\_\_\_\_\_ serving (as identified by the responsibilities) as a  
Child Care Health Consultant  
(Applicant's Name)

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Applicant's Name:** \_\_\_\_\_

Please mail application packet along with supporting documentation to:

Texas AEYC - Healthy Child Care Texas  
P.O. Box 4997  
Austin, Texas 78765

or  
Fax: 866-240-5175

Or email to [taeyc@texasaeyc.org](mailto:taeyc@texasaeyc.org).

Once your application is received, we will review for completeness. If your application is complete and you are accepted for the training, we will contact you for payment information and other details.

Thank You.