

Early Intervention Credential Renewal

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|-----------------------------------------------------------------------|-------------------------------------------|-----------------------------|-------------------------------|
| Applicant Name | | Early Intervention Program | Discipline |
| Credential Number | E.I. Level (I, II) | Date Credential was issued | Date of Credential Expiration |
| Home Street Address | | City | State and Zip Code |
| Home Telephone Number | | Work/Other Telephone Number | |
| I certify that I have completed the requirements for license renewal. | | | |
| I completed the following number of points per category: | | | |
| Category | | Points | |
| I | College or University credits | | |
| II | Workshops, Trainings etc. | | |
| III | Service in Professional Activities | | |
| IV | Service in a Professional Organization | | |
| V | Literature Review | | |
| VI | Other Professional Development Activities | | |
| Total | | | |

Applicant Signature _____

Date: _____

Supervisor Signature _____

Date: _____

When you have completed the Early Intervention Credential renewal activities (and it is within the year of your credential's expiration) mail this form to:

Attn: Carma Mordecai
 Baby Watch Early Intervention program
 44 North Medical Drive, P.O. Box 144720
 Salt Lake City, UT 84114-4720