

How to apply for a Training Voucher from MSDE

- 1 **Make sure you are eligible!**
You need to be part of the Maryland Credentialing program at a **Level 2 or higher** (hint: your certificate of achievement will have at least 2 stars) You are eligible **even if your credential expired between July 1, 2024 and August 30, 2025.**

- 2 **Gather the following information:**
 - Social Security Number
 - ChildCareEd account email
 - CCATs # / Party ID # you can find it at the bottom right of your Certificate of Achievement or at the top right of your Award letter
 - Your Center License or Family Child Care License number
 - Select the training you want to take (read more in our flyer!)



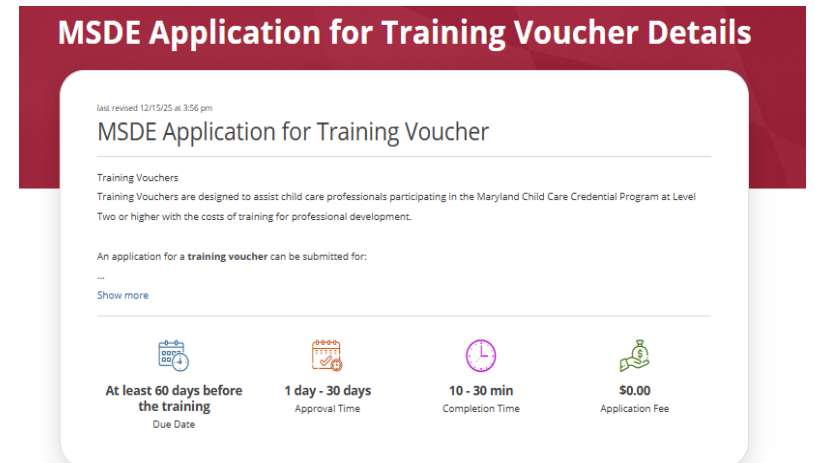
Find your CCATs/PartyID here:

➔ PartyID: 123456 ➔

- 3 **Log in or register** for an **account** on **Maryland OneStop**



- 4 **Scroll down** until you see the **blue button "Apply Now"**



Apply or Register

Ready to apply?



Online Application
Complete the form

Apply Online



Filling out the Training Voucher Application Form



5 Start filling out your information

Application for Training Voucher

An application for a training voucher shall be accepted only for a pre-service training, a statewide conference, or a national conference. Applicants must hold a current Maryland Child Care Credential of Level Two or higher.

INSTRUCTIONS: Complete all information in the spaces provided. All applications must be accompanied by required documentation. Incomplete applications **will not** be processed. An application for a training voucher must be submitted not less than 60 days before the date of training.

Full Name

First Name*

Middle Name

Last Name*

Maiden Name

Social Security Number *

Please enter a valid social security number

Annual Family Income *

CCATS/Party ID# *

From your certificate of achievement or award letter

Address Line 1*

Address Line 2

City*

State*

Zip Code*

Daytime Phone*

Alternate Phone

Email Address*

Use your ChildCareEd account email

6 Complete the remaining background information and input your work information

Gender*

☐ Female

☐ Male

☐ Non-binary

Race and Ethnicity*

☐ White or Caucasian

☐ Black or African American

☐ Hispanic or Latino

☐ Asian or Asian American

☐ American Indian or Alaska Native

☐ Native Hawaiian or other Pacific Islander

☐ Another race

Age Range*

☐ 17-35

☐ 36-54

☐ 55 & above

Primary Language*

Select one:

☐ I am a Registered Family Child Care Provider in Maryland

☐ I work in a Licensed Child Care Center in Maryland

Center License #/Family Child Care Registration #*



Filling out the Training Voucher Application Form



- ⑦ **Check the 2nd option for Pre-Service Training and choose one of the 6 approved training courses**
- *All ChildCareEd courses are available in 40+ languages & are ADA-compliant*

TRAINING INFORMATION (Select one.)

- ☐ Conference
- ☒ Pre-Service Training

- 45 hour Growth and Development Birth-age 12 ONLINE
- 45-Hour Infant and Toddler Curriculum
- 45-Hour Preschool Curriculum
- 45-Hour School-Age Curriculum
- 45-Hour Director-Administration ONLINE
- 24 Hour Family Child Care Pre-Service Training

Title*

Copy the training title **EXACTLY** as it appears above:

Training Date*

MM/DD/YYYY Pick a day at least 60 days away

NOTE: An application for a training voucher must be submitted not less than 60 days before the date of training.

Trainer/Training Organization

Name*

H&H ChildCare Training Center / ChildCareEd

Street Address*

839 Quince Orchard, Suite D

City*

Gaithersburg

State

Select one... Maryland

Zip Code*

20878

Cost*

\$ \$399 for 45-hour training OR \$299 for 24-hour training

Please choose an option:*

- ☐ Upload a conference/pre-service training advertisement
- ☐ Provide a link to conference/pre-service training advertisement

If you choose this option: UPLOAD this flyer

If you choose this option: copy and paste the link to the training course on ChildCareEd's website (NOT the training title, the link to the class)

- ⑧ **Verify, Confirm & Sign!** Review all information for accuracy, make sure you understand the terms & conditions and then **type your name in both boxes**. Don't forget to **check the box** before hitting "Submit"

All information on this application is true and accurate to the best of my knowledge. I understand that any false statement on this application will result in it being rejected. I further understand that if I receive a training voucher I will:

- Attend the Conference/Pre-Service training named on the voucher;
- Submit documentation to the Office of successful completion of the training;
- Be required to repay the amount of the voucher if I do not successfully complete the training for which it was issued; and
- No longer be eligible for training vouchers if I do not successfully complete the training for which it was issued.

Signature*

- ☒ Text ☐ Draw

Your Name

Your name here

Your name here

☐ I agree to be legally bound by this document.

Date*

12/29/2025

*should auto-populate, otherwise put the date

Submit

I've applied – now what???

Keep checking your OneStop account! Once you receive your voucher, **sign & date** it in **blue ink**, **scan & send** it to us at **grants@childcareed.com**. We will sign the Trainer Terms of Agreement & Authorization, send it back to MSDE & add your training course to your ChildCareEd account.
EASY PEASY!