CCL.307
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Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Child Care Unit (785) 296-1270 Fax (785) 296-0803
www.kdheks.gov/kidsnet

APPLICATION FOR REVIEW OF PROGRAM DIRECTOR QUALIFICATIONS

Complete all information requested and return to the Kansas Department of Health and Environment. ATTACH *OFFICIAL* COLLEGE TRANSCRIPT (Transcript must be sealed and include the Registrar's signature), WORKSHOP CERTIFICATES OF ATTENDANCE AND RECORD OF OBSERVATIONS (KDHE FORM), IF APPLICABLE. Each attachment should clearly state your current first and last name. Allow a minimum of 30 days for review. A Notice of Program Director Qualifications will be sent to the applicant. Incomplete applications will be returned without review.

PLEASE PRINT CLEARLY OR TYPE.

Please check one of the following:

_____ I am requesting a first-time review of my education/experience for Program Director qualifications.

_____ My education and experience have been previously reviewed by KDHE. Attached is a copy of the current status of the last review. The information below is additional education and/or experience. I am requesting a review to update my Program Director qualifications.

Applicant Information:

_____
Name of applicant First Last (Maiden)

Physical Address of the Applicant:

_____
Street Address City Zip Code

Mailing Address of the Applicant (if different):

_____
Street Address City Zip Code

_____ _____
County Phone Number

_____ _____
Fax Number Email Address

Please check and complete one of the following:

_____ I am not currently employed as a Program Director.

_____ I am currently employed or am being considered for hire as a Program Director for the following facility:

_____

Name of the **child care facility as stated on the license.** **License Number**

_____

Street Address City Zip Code

I am requesting review of my qualifications for the following age groups (check all that apply):

_____ Infant/Toddler _____ Preschool _____ School Age _____ Children w/ Special Needs

Record of current and previous teaching experience working with children in a **licensed child care facility: Please list most current first.** (If more than space allows, please attach additional pages.)

1._____

Name and Address of licensed child care program Street City Title of Position Held

_____

Beginning Date (MM/YY) Ending Date (MM/YY) Age of Children you worked with Employee, Volunteer or Student?

2._____

Name and Address of licensed child care program Street City Title of Position Held

_____

Beginning Date (MM/YY) Ending Date (MM/YY) Age of Children you worked with Employee, Volunteer or Student?

3._____

Name and Address of licensed child care program Street City Title of Position Held

_____

Beginning Date (MM/YY) Ending Date (MM/YY) Age of Children you worked with Employee, Volunteer or Student?

Record of Education:

Yes _____ No _____ I have graduated High School or completed a GED.

Yes _____ No _____ I have completed a Child Development Association (CDA) Credential. **I have attached a copy of my CDA Credential.**

Yes _____ No _____ I have completed Credit Hours or a Degree at an accredited Post Secondary Institution. **I have attached a copy of my *official* transcripts. If my degree is in education and I have a teaching certificate, I have attached a copy of my teaching certificate AND my *official* transcripts.**

Type of Degree:_____ Field:_____

Record of Observations:

Yes _____ No_____ I have completed observations. **I have attached a copy of the completed KDHE Record of Observations form.**

The information completed on this form and all its attachments is true and correct.

_____ _____

Applicant's Signature **Date** MM/DD/YYYY