

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
Website: www.kdheks.gov/kidsnet



**APPLICATION FOR REVIEW OF PROGRAM DIRECTOR QUALIFICATIONS
FOR SCHOOL AGE PROGRAMS**

Complete all information requested and return to the Kansas Department of Health and Environment at the above address. **ATTACH OFFICIAL COLLEGE TRANSCRIPT, IF APPLICABLE** (Transcript must be sealed and include the Registrar's signature. Any attachments 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.

This form is to be used for review of Program Director Qualifications according to K.A.R. 28-4-587. If you are wanting a review of qualifications for a Child Care Center, Preschool or Head Start Program according to K.A.R. 28-4-429, please use the "Application for Review of Program Director Qualifications for Child Care Centers, Preschools and Head Start Programs".

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.

I am requesting a review of my qualifications as follows:

- School Age Program for children and youth Kindergarten age and older
- Day Reporting Program for children and youth 10 years of age and older

Applicant Information: Please print clearly or type.

First and Last Name of Applicant				Date of Birth (MM/DD/YYYY)	
Physical Address of Applicant - Street		City	State	Zip Code + 4	County
Mailing Address of Applicant - Street		City	State	Zip Code + 4	County
Phone Number ()	Fax Number ()		Email Address		

Record of Education (Check One):

	<p>I am requesting review of my qualifications for a license capacity of 30 or fewer children/youth. I have graduated High School or completed a GED. I have (check one):</p> <p><input type="checkbox"/> completed at least three months of job-related experience as indicated on page 2 of this application.</p> <p><input type="checkbox"/> previously been approved as a program director as specified in K.A.R. 28-4-429(b) or (c). (Attach copy of approval.)</p>
	<p>I am requesting review of my qualification for a license capacity of 31 through 60 children/youth. I have (check one):</p> <p><input type="checkbox"/> completed a minimum of 15 academic credit hours. (Attach copy of official transcripts.)</p> <p><input type="checkbox"/> completed at least six months of job-related experience as indicated on page 2 of this application.</p> <p><input type="checkbox"/> previously been approved as a program director as specified in K.A.R. 28-4-429(d) or (e). (Attach a copy of approval.)</p>

	<p>I am requesting review of my qualifications for a license capacity of 61 through 120 children/youth and have (check one):</p> <p>_____ completed a minimum of 60 academic credit hours. (Attach copy of <i>official transcripts</i>.)</p> <p>_____ completed at least 12 months of job-related experience as indicated on page 2 of this application.</p> <p>_____ completed a combination of 30 academic credit hours (attach copy of <i>official transcripts</i>) and at least six months of job-related experience as indicated on page 2 of this application.</p> <p>_____ previously been approved as a program director as specified in K.A.R. 28-4-429(e). (Attach a copy of approval.)</p>
	<p>I am requesting review of my qualifications for a license capacity of 121 or more children/youth and have:</p> <p>_____ a minimum of a four-year bachelor's degree from an accredited college or university (attach copy of <i>official transcripts</i>) and job related experience as indicated on page 2 of this application.</p>
	<p>I am requesting review of my qualifications (check one):</p> <p>_____ the operator I work for is affiliated with a national organization or governmental entity with standards governing school age programs. I have participated in professional development training according to the standards established and the secretary of KDHE has deemed the standards to be equivalent. [(See K.A.R. 28-4-587(b)(2)(E)]. Attach copy of documentation showing completion of the organization's training program and print the name of the organization:</p>

Record of current and previous teaching experience working with children or youth. **Please list most current first.** (If more than space allows, please attach additional pages.)

Complete Name of Program			
Street Address		City	State
Title of Position Held	Beginning Date (MM/DD/YYYY)	Ending Date (MM/DD/YYYY)	Age of Children or Youth you worked with:

Complete Name of Program			
Street Address		City	State
Title of Position Held	Beginning Date (MM/DD/YYYY)	Ending Date (MM/DD/YYYY)	Age of Children or Youth you worked with:

Complete Name of Program			
Street Address		City	State
Title of Position Held	Beginning Date (MM/DD/YYYY)	Ending Date (MM/DD/YYYY)	Age of Children or Youth you worked with:

I attest, under penalty of perjury, that the information on this form and all its attachments is true and correct.

Applicant's Signature	Date Completed (MM/DD/YYYY)
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