



APPLICATION FOR REVIEW OF PROGRAM DIRECTOR QUALIFICATIONS

Instructions: Complete all information requested and return to the Kansas Department of Health and Environment. **ATTACH OFFICIAL COLLEGE TRANSCRIPT (copy issued to student is acceptable), WORKSHOP CERTIFICATES OF ATTENDANCE AND RECORD OF OBSERVATIONS (CCL 207), if applicable.** Each attachment should clearly document applicant's 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. **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:

First Name Last Name Date of Birth

Physical Street Address City State Zip Code

Mailing Address (if different from physical address):

Street Address City State Zip Code

County Phone Number

Fax Number Email Address

PLEASE CHECK 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 and attach additional pages if necessary.)

Note: Out of state experience to be considered for approval requires a letter from the licensed facility verifying employment. The letter must include all information requested below. Out of state experience must be from a regulated facility.

1. _____
Name and Address of licensed facility Street City State Title of Position

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

2. _____
Name and Address of licensed facility Street City State Title of Position

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

3. _____
Name and Address of licensed facility Street City State Title of Position

Beginning Date (MM/YY) Ending Date (MM/YY) Age of Children 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 transcripts. If my degree is in education and I have a teaching certificate, I have attached a copy of my teaching certificate AND my transcripts.**

Type of Degree: _____ Major: _____

Record of Observations:

Yes _____ No _____ I have completed observations. **I have attached a copy of the completed KDHE Record of Observations form (CCL 207).**

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

Applicant's Signature

Date MM/DD/YYYY