

**Kansas Department of Health and Environment**  
Bureau of Family Health  
Child Care Licensing Program  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1274  
Phone: (785) 296-1270 Fax: (785) 296-0803  
Website: www.kdheks.gov/kidsnet



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

**INSTRUCTIONS:** Complete all information requested and return to the Kansas Department of Health and Environment at the above address. **ATTACH OFFICIAL COLLEGE TRANSCRIPT (copy issued to student is acceptable), IF APPLICABLE.** 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".**

Yes  No As required pursuant to K.A.R. 28-4-587(b)(1)(C), I have graduated High School or completed a GED.

**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.</p> <p>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 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><input type="checkbox"/> completed a minimum of 60 academic credit hours. (Attach copy of transcripts.)</p> <p><input type="checkbox"/> completed at least 12 months of job-related experience as indicated on page 2 of this application.</p> <p><input type="checkbox"/> completed a combination of 30 academic credit hours (attach copy of transcripts) and 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(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><input type="checkbox"/> a minimum of a four-year bachelor's degree from an accredited college or university (attach copy of transcripts) 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><input type="checkbox"/> 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.)

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

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

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

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

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