

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) 559-4244
Website: www.kdheks.gov/kidsnet



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), and any supporting documentation to meet the qualifications under K.A.R. 28-4-429 in the Kansas Laws and Regulations for Licensing Preschools and Child Care Centers regulation book. 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.

*Refer to CCL 307a for additional instructions/information.

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

Home Street Address City State Zip Code

Mailing Address (if different from home address):

Street Address City State Zip Code

County Phone 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

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

Applicant's Signature

Date MM/DD/YYYY