FORM A

APPLICATION DATA FORM
EARLY CHILDHOOD TEACHER QUALIFICATIONS

(Formerly known as Group Leader)

Full Name_____

Maiden Name (and/or other surnames)_____

Date of Birth_____

*Social Security Number_____

Mailing Address (including zip code)_____
(Your letter will be mailed to this address)

_____

Home Telephone ( )_____Work/Cell Telephone ( )_____

**E-mail address (Required)_____

Center where employed/considering employment_____

Center Address (including zip code)_____

_____

License Number of Center: _____ Current Position: _____

I certify that all information pertaining to my application for Early Childhood Teacher qualification letter is true and correct as required in 7.702.54 of Colorado's Rules Regulating Child Care Centers. I understand that providing false or misleading information to the Colorado Department of Human Services constitutes perjury in the second degree and can also result in my being fined as much as $100 a day to a maximum of $10,000.

Signature_____Date_____

Name: _____ Position: _____

To Be Completed by the Supervisor/Director/Education Coordinator

I certify that all information pertaining to this application for Early Childhood Teacher qualification letter is true and correct as required in 7.702.54 of Colorado's Rules Regulating Child Care Centers. I have received and reviewed official transcripts and letters verifying experience requirements. I certify that all information is true and correct. I understand that providing false or misleading information to the Colorado Department of Human Services constitutes perjury in the second degree and can also result in my being fined as much as $100 a day to a maximum of $10,000.

Signature_____Date_____

Name: _____ Position: _____

* This field is used as a unique identifier in locating information in the Child Care database.
** This area must be filled-out before the application can be accepted as this is our primary means of communication.

Revised May 3, 2012