

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 For School Age Programs

Instructions: Complete **ALL** information requested and return to the Kansas Department of Health and Environment at the above address. ATTACH 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 determination and/or any correspondence will be emailed to the applicant.
Incomplete applications will be returned without review.

This form is to be used for review of Program Director Qualifications for School Age Programs according to K.A.R. 28-4-587. For review of qualifications for a Child Care Center, Preschool or Head Start Program Director, use the "CCL.307 Application for Review of Program Director Qualifications for Child Care Centers, Preschools and Head Start Programs" application form.

Email Application and Documentation to: KDHE.CCLR@ks.gov

In the subject line (include the following): Program Director Application, Applicant Name.

<input type="checkbox"/> Yes <input type="checkbox"/> No I have graduated High School or completed a GED.

Applicant Information:

First Name, Middle Name, and Last Name			Date of Birth (MM/DD/YYYY)	
Home Address of Applicant	City	State	Zip Code +4	County
Phone Number	Email Address			
Social Security Number	Maiden or Alias Name(s)			
I have or am currently working in a child care facility in Kansas. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, # _____ CLARIS person ID # (if known)				

Record of Education and Experience (Check One):

<input type="checkbox"/>	I am requesting review of my qualifications for a license capacity of 30 or fewer children/youth and have (check one): <input type="checkbox"/> completed at least three months of job-related experience as indicated on page 2 of this application. <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.)
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<input type="checkbox"/>	<p>I am requesting review of my qualification for a license capacity of 31 through 60 children/youth and 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>
<input type="checkbox"/>	<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>
<input type="checkbox"/>	<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>

Record of current and previous job related experience teaching, working, and volunteering with school-age children and 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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