

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 **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.

Applicant Information: Please print clearly or type.

First and Last Name of Applicant			Date of Birth (MM/DD/YYYY)	
Home Address of Applicant	City	State	Zip Code +4	County
Mailing Address of Applicant if different	City	State	Zip Code +4	County
Phone Number ()	FAX Number ()		Email Address	

Record of Education (Check One):

I am requesting review of my qualifications for a license capacity of 30 or fewer children/youth.

I have (check one):

completed at least three months of job-related experience as indicated on page 2 of this application.

previously been approved as a program director as specified in K.A.R. 28-4-429(b) or (c). (Attach copy of approval.)

<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>

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.)

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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