

Kansas Early Childhood Director Credential Application Form

APPLICATION FOR: (check one) Provisional Credential Credential
 Renewal – Provisional Renewal – Credential

GENERAL INFORMATION

Name (Last, First, Middle Initial)		Date of Birth (mm/dd/yy)	
Home Address		Email Address (Home)	
City	County	State	Zip Code
Home Phone ()	Secondary Phone ()	Home Fax ()	
Have you been convicted of a crime or committed an act of physical, mental, or emotional abuse pursuant to K.S.A 65-516(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date, county, and state:			

CURRENT CHILD-RELATED EMPLOYMENT

Current Employer (Program Name)		Child Care Facility License # (if applicable)	
Start Date (mm/dd/yy)	Work Address (Physical Location)	Email Address (work)	
City	County	State	Zip Code
Work Phone ()	Work Fax ()	Position	

PROFESSIONAL CONTRIBUTIONS (attach documentation of professional contributions with a cover sheet labeling each one)

Requirement: Membership in a professional association	
Name of Professional Association	Member Number (if applicable)
Requirement: Provisional Credential - One Contribution in professional leadership, program improvement, or advocacy; Credential - Three Contributions in at least two areas (contribution must be within one year of application)	
Contribution	<input type="checkbox"/> professional leadership <input type="checkbox"/> program improvement <input type="checkbox"/> advocacy
Contribution	<input type="checkbox"/> professional leadership <input type="checkbox"/> program improvement <input type="checkbox"/> advocacy
Contribution	<input type="checkbox"/> professional leadership <input type="checkbox"/> program improvement <input type="checkbox"/> advocacy

EDUCATION & EXPERIENCE: Complete the **Education** and **Experience Forms** and attach all required documentation. Refer to Application Process, Competencies, Criteria, and Policies for guidance on initial and renewal application. **Submit original and 3 copies to the Kansas Early Childhood Director Credential Consortium.**

I hereby grant permission to the Kansas Early Childhood Director Credential Consortium to share information provided in this application with the Kansas Department of Health and Environment (KDHE) for processing and the Association for the Education of Young Children of Missouri (AEYC-MO) for a reciprocal credential in the state of Missouri.

I attest by my below signature, that all information provided on this application is true and correct. I understand falsified documents and information may result in refusal to process my application.

Applicant's Signature

Date

Attn: Kansas Early Childhood Director Credential Consortium

633 Albert Avenue
Salina, KS 67401

Phone: 785.280.0088 Email: kaeycadmin@cox.net

www.kaeyc.net

Rev. 10/2010