

**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.

**EARLY CHILDHOOD TEACHER QUALIFICATION
VERIFICATION WORKSHEET**

Form B

Name of Applicant: _____

QUALIFICATION	VERIFICATION	Experience Letter	Confirmed By (Please Initial)	For Office Use Only
A.1.a- Bachelor's degree from a regionally accredited college/university in Early Childhood Education, Elementary Education, Special Education, Family and Child Development or Child Psychology	Official transcript	N/A		
A.1.b- Bachelor's degree from a regionally accredited college/university in an unrelated field with two (2) three semester hour E.C.E courses one of which must be either Intro to ECE or Guidance Strategies	Official transcript	6 months (910) hours		
A.1.c- 2-year college degree in E.C.E .from a regionally accredited college/university with one course being either Intro to ECE or Guidance Strategies	Official Transcript	6 months (910) hours		
A.1.d- REMOVED	Option unavailable after May 1, 2011			
A.1.e- 12 semester hours in E.C.E from a regionally accredited college/university	Official transcript/certificate,	9 months (1395)		
A.1.f- Completion of vocational/occupational education sequence in child growth and development	Official transcript/certificate (Example: Emily Griffith Voc. College, Pickens Tech)	12 months (1820 hours)		
A.1.g- Current certification as a Child Development Associate (CDA) or Certified Child Care Professional (CCP) or other Department-approved credential.	Current certificate	No additional experience required		
A.1.h- Completion of a Department approved course of training.	Approved Training include: <ul style="list-style-type: none"> • Montessori Training approved for MECR & Montessori Centre International, AMI or AMS • Delta/Montrose Technical Center • Buell Early Childhood Leadership Institute • Clayton Institute/UCD • Stanley British Primary School/UCD 	Included with certificate		
A.1.i. REMOVED	Option unavailable after May 1, 2010.			
A.1.j- A current Colorado Level I credential OR Two (2) 3 credit college courses with one course being Intro to ECE or Early Childhood Guidance Strategies.	A current Colorado Level I credential; or, Official Transcript.	Twenty-four (24) months (3640 hours)		

EARLY CHILDHOOD TEACHER

Experience

VERIFICATION WORKSHEET

Please attach to each letter!

Name of Applicant: _____

Qualification	Verification	Check when complete	Confirmed By (Please Initial)	For Office Use Only
On Letterhead	Name of Center			
Ages of Children	Ages of children applicant worked with, listed on letter			
Number of hours worked with each age group	Insure that hours reflect working with children (Not administration, cooking, etc.) Break down hours based on the ages of children			
Start date and ending date.				
Duties	Basic duties, related to children			
Name, title and contact information of person providing information				

Additional Notes:

Mail to: Division of Child Care, Early Childhood Teacher Qualifications, 1575 Sherman Street, Denver, CO 80203