CHILD DEVELOPMENT PROGRAM VERIFICATION FORM

To be completed by the applicant:

Name_____

        Last   *First*   *Middle/Maiden*

Educator ID #_____**Date of Birth**_____

Mailing Address _____

_____

               City   State   Zip

Email Address _____

To be completed by the college or university:

This form is required **only** for the Child Development License (153). Please complete and **return to the applicant** for inclusion with the application materials.

This is to verify that _____ Educator ID #_____

                                  (Applicant Full Name)

has completed a degree with Child Development emphasis from a program accredited by:

      American Association of Family and Consumer Sciences (AAFCS)

      National Association for Education of Young Children (NAEYC)

      Council for the Accreditation of Educator Preparation (CAEP)

_____

Division/Department

_____

College/University

_____   _____

Print Name   *Title*

_____   _____

Signature   *Date*