

VERIFICATION OF ACCREDITATION OF CHILD DEVELOPMENT PROGRAM

*HB 419/Child Development- Required only for **Child Development License**.*

To be completed by the applicant:

Name _____			
<i>Last</i>	<i>First</i>	<i>Middle/Maiden</i>	
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. Please complete and **return to the applicant** for inclusion with the application materials.*

This is to verify that _____
(Applicant Full Name)

Educator ID # _____

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)

Division/Department

College/University

Print Name

Title

Signature

Date