



Qualifications

INSTRUCTIONS



Submit

- Complete sections that apply to your role in the program. You may attach a resumé.
- You may be asked to submit additional documentation to demonstrate education, training, or child care experience.
- PRINT clearly

Applicant Name: Christina Shaffer
Name of Person with Pending Role:

School-Age Program Name:
Date of Birth:

Consult OCFS regulations for qualifications and minimum requirements for your role. The information is included in section .13 of the Regulations.

Regulations can be obtained at ocfs.ny.gov/main/childcare/default.asp and from your licensor/registrar

Type of Program:	Family Day Care, Group Family Day Care and Small Day Care Centers	Day Care Center and School-Age Child Care
Role in Program:	<input type="checkbox"/> Provider <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director <input type="checkbox"/> Group Teacher <input type="checkbox"/> Assistant Teacher

Education/Training (if applicable for pending role)

Date Range	Degree, Major, Name of Credential, or Training	Institution	Number of Credits (if applicable)

Child Care Experience (if applicable for pending role)

Date Range	Description	Location	Age of children

Supervisory Experience (applicable for pending role of Director at Day Care Center/School-Age Child Care program)

Date Range	Description	Location