

APPLICATION DATA FORM

LARGE CENTER DIRECTOR QUALIFICATIONS

Full Name _____

Maiden Name (and/or other surnames) _____

Date of Birth _____

Social Security Number _____

Mailing Address (including zip code) _____

Home Telephone () _____ Work Telephone () _____

*e-mail address (if available) _____

Center where employed/considering employment _____

Have degree yes no AA Major _____

BS - BA Major _____

MS - MA Major _____

List regionally accredited colleges sending official _____
transcripts (see **ABOUT COURSEWORK**) _____Have you previously submitted director qualification materials to this office? ☐ yes ☐ no

If yes:

When? _____

Was your name the same as it is now? ☐ yes ☐ no

If different, what was your name at the time? _____

Please attach a copy of our last letter to you, if available.

I certify that all information pertaining to my application for large center director qualification is true and correct as required in 7.702.52 of Colorado's Rules Regulating Child Care Centers. Furthermore, in accordance with Sections 26-6-105.5, 26-6-108, and 26-6-114, Colorado Revised Statutes, 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 _____

* This area must be filled out before we accept this application, as this is our primary means of communication.

NOTE: Incomplete applications with missing supporting documentation will be purged after 6 months.

Mail to: Director Qualifications, Division of Early Care and Learning, 1575 Sherman Street, Denver, CO 80203-1714