Fill out, then click here to print

2008-2009 Application for Staff Qualification Plan (SQP)

After May 15, 2008, no new SQP requests will be accepted for classroom or family home teachers. All teachers hired after May 15, 2008 must hold a minimum of a Bachelor's degree in Early Childhood Education, Child Development or equivalent. SQP requests will continue to be accepted for paraprofessionals and home-visiting program staff.

PROGRAM INFORMATION							
Agency							
Address		City		Zip			
Phone		Fax		E-mail			
Site Name							
Address		City		Zip			
Classroom	☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J						

APPLICANT (STAFF) INFORMATION	
Name	

Position for which plan is being requested: ☐ Paraprofessional ☐ Coordinator ☐ Home Visitor

Program type for which plan is requested: ☐ Public School/Coop ☐ Private Center ☐ Family Home ☐ Home-Visiting

CURRENT CREDENTIAL/DEGREE (check all that apply)

Applicant must submit proof of credential with application. A copy of diploma, degree, certificate or official transcript is acceptable.

☐ High School Diploma/GED ☐ CDA ☐ Associate Degree – Major: _____
☐ Bachelor Degree – Major: _____
☐ Some College Hours – Major:_____ # of Hours:_____
☐ Other: _____

The holder of an initial or provisional P-4 license may not work in a non-school/coop-based ABC program.

DEGREE EXEMPTION REQUEST (Non-school/non-coop based ABC programs only)

☐ I am requesting a degree waiver/exemption. I certify that I currently hold a Bachelor's degree in the field listed above and am applying to be a teacher in an ABC program. I understand that approval of a degree exemption may be contingent upon completing additional coursework in early childhood.

CREDENTIAL/DEGREE SOUGHT (check all that apply)

☐ P-4 Licensure
☐ Bachelor Degree in: _____
☐ Associate Degree in: _____
☐ CDA

Status: ☐ Currently Enrolled ☐ Planning to Enroll in _____
Hours per semester_____ Anticipated Completion Date_____

By signing below, applicant and program representative certify, under penalty of perjury, that the information contained on this application is true and accurate. Applicant and program representative understand that submission of false or misleading information is grounds for program termination from the ABC and referral for prosecution for fraud. If applicant has been shown to have submitted false credentials, applicant may be excluded from working in any ABC program and program agency may be excluded from participation in any DHS-sponsored program.

_____ _____
Applicant (Staff Member) **Date**

_____ _____
Program Representative (Director or School District Official) **Date**