



**MARYLAND STATE DEPARTMENT OF EDUCATION**  
 OFFICE OF CHILD CARE – Maryland EXCELS  
 200 West Baltimore Street, 10<sup>TH</sup> Floor • Baltimore, Maryland 21201  
**APPLICATION FOR NATIONAL ACCREDITATION SUPPORT**

**INSTRUCTIONS:** Complete all information requested on this application form in the spaces provided and mail with all documentation to the above address. **Incomplete applications will be returned.**

**Facility Information (Please print or type) ALL INFORMATION IS REQUIRED**

The facility seeking accreditation is a:  Family Child Care **REG#** \_\_\_\_\_  Child Care Center **LIC#** \_\_\_\_\_

Family Provider Name **OR** Child Care Center Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # (if applicable) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security/Federal Tax ID#: \_\_\_\_\_ Child Capacity: \_\_\_\_\_

Center Director or Owner: \_\_\_\_\_  
 Last First Middle

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you participating in Maryland EXCELS? \_\_\_\_ Yes \_\_\_\_ No

| <b>Accrediting Organization and payment information: (check one)</b> | <b>Amount Requested</b> |
|--|-------------------------|
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**ASSOCIATION MEMBERSHIP FEES ARE THE RESPONSIBILITY OF THE PROVIDER/PROGRAM. Do not include membership fees in the amount requested.**

|  |    |
|--|----|
| National Association for the Education of Young Children (NAEYC)   | \$ |
| National Early Childhood Program Accreditation (NECPA)   | \$ |
| COA After School Accreditation   | \$ |
| National Association for Family Child Care (NAFCC)   | \$ |
| Other* (specify): _____<br><small>*OCC may consider other organizations for accreditation support and reserves the right to approve or deny the request based on the set criteria.</small> | \$ |

**I am applying for (check one):** \_\_\_\_ 1st Accreditation \_\_\_\_ Re-Accreditation \_\_\_\_ Annual Update

Submit this completed application form and the following: **(Each item is required)**

- a. Statement of requirements and fees charged by the accrediting organization.
- b. Accreditation Work Plan – Steps to be accomplished and timeline for achieving accreditation.
- c. Accrediting Organization’s Provider ID# \_\_\_\_\_
- d. Copy of current accreditation certificate (re-accreditation only).

**Statement and Agreement**

All information in this application is true and accurate to the best of my knowledge. I have not received nor have I applied for program accreditation funds from any other source. I understand that any false reporting will result in the application being rejected. I further understand that if I receive funding through an accreditation support award I will:

- Pursue and complete program accreditation through the organization checked above.
- Submit certificate of accreditation to the Office of Child Care.

Applicant’s Signature (**Must be signed in BLUE INK**) \_\_\_\_\_

Date \_\_\_\_\_