## MARYLAND STATE DEPARTMENT OF EDUCATION

DIVISION OF EARLY CHILDHOOD DEVELOPMENT

Office of Child Care 200 West Baltimore Street Baltimore MD 21201

## **PERSONNEL RECORD**

1. Name and Address of Person Completing Form			2. Social Security Number	
Last Firs	t Middle	Maiden	<del>-</del>	
Address	City		State	Zip Code
3. Name and Address of Schoo Center:	l or			
Address	City		State	Zip Code
4. Assignment (To be completed by the educational program administrator)  □ Educational Program Administrator  □ Teacher – Nursery School				
5. Verification (To be completed by the educational program administrator)  I hereby certify that I employed the individual named in this Personnel Record on and that I have reviewed the information provided by that individual. (Month Day Year)  Signature of Educational Program Administrator:  Name of Educational Program Administrator: (Print)  Title: (Print)				
6. Education (List in chronological order a record of your college or university education.) Official transcripts of all college credits must be submitted in order to process the personnel record. Do not have transcripts sent directly to the Department of Education from a college or university. They should be mailed to the school or center and the educational program director should mail them to the licensing specialist assigned to the school or center.				
Name of College or University	<u>Location</u> City, State, Zip Code	Period of Attendance	Degre	ee/Diploma
		FROM:	Degree: Major: Date Awarded:	
		FROM:	Degree: Major: Date Awarded:	
		FROM:	Degree: Major: Date Awarded:	
		FROM:	Major:	
7. Date of CBC: MD	FED	- 1		