

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 First Middle Maiden

Address City State Zip Code

3. Name and Address of School or Center:

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	Location City, State, Zip Code	Period of Attendance	Degree/Diploma
		FROM: _____ TO: _____	Degree: _____ Major: _____ Date Awarded: _____
		FROM: _____ TO: _____	Degree: _____ Major: _____ Date Awarded: _____
		FROM: _____ TO: _____	Degree: _____ Major: _____ Date Awarded: _____
		FROM: _____ TO: _____	Degree: _____ Major: _____ Date Awarded: _____

7. Date of CBC: MD _____ FED _____