



**MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE – Maryland EXCELS
200 West Baltimore Street, 10TH 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

Accrediting Organization and payment information: (check one)	Amount Requested
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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): _____ <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 _____