



# Maryland Accreditation Staff Qualification Form

## Public Schools

Program Name: \_\_\_\_\_

License #: \_\_\_\_\_

**Directions:** Complete the following information for each Teacher & Teacher Assistant.

	STAFF MEMBER NAME	POSITION TITLE	State of Maryland Teaching Certificate or Maryland Approved Alternative Preparation program (Pre-K Teachers)	CDA or Associates Degree (Assistant Teachers and Paraprofessionals)
1				
2				
3				
4				
5				
6				
7				
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9				
10				
11				
12				