



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				
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12				