

**APPLICATION TO OPERATE AN EDUCATIONAL PROGRAM**

**Directions:** Complete this form and return it with all required documents. Each document must be submitted in the format in which it will be used and distributed by the educational program. Incomplete applications will be returned.

**SECTION I – Educational Program Information**

Operator Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

License/LOC/Registration Number: \_\_\_\_\_

**SECTION II – Classrooms to be used for the Educational Program**

Room Number	Age Group Served (2 years, 3 Years, 4 Years)

**SECTION III – Documents**

	APPLICANT	MSDE USE	
	Documents Enclosed	Received	Approved
<p><b><u>1. Personnel</u></b></p> <p>A. Educational Program Administrator</p> <p><b><u>1.</u></b> Personnel Record Form with a complete copy of college transcripts or evaluation of foreign credentials to verify one of the following:</p> <p><b><u>(a)</u></b> A bachelor’s degree from an Institute of Higher Education (IHE)</p> <p><b><u>(b)</u></b> 120 semester hours of college credit from an IHE; or</p> <p><b><u>(c)</u></b> A foreign credential that is determined by the Department to be equivalent to a bachelor’s degree from an IHE</p> <p><i>*All foreign transcripts must be evaluated by an MSDE-approved Foreign Transcript Evaluation Agency</i></p> <p>2. Written Position Description</p>			

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**SECTION III – Documents continued**

	APPLICANT	MSDE USE	
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<p>B. Teachers</p> <p><b>1.</b> Personnel Record Form with a complete copy of college transcripts or evaluation of foreign credentials to verify one of the following:</p> <p><b>(a)</b> A bachelor’s degree from an Institute of Higher Education (IHE)</p> <p><b>(b)</b> 120 semester hours of college credit from an IHE; or</p> <p><b>(c)</b> A foreign credential that is determined by the Department to be equivalent to a bachelor’s degree from an IHE</p> <p><i>*All foreign transcripts must be evaluated by an MSDE-approved Foreign Transcript Evaluation Agency</i></p> <p><b>2.</b> Verification of <u>one</u> of the following:</p> <p>(a) Child Development Associate (CDA) Credential.</p> <p>(b) 6 semester hours, 90 clock hours, or equivalent pre-service training.</p> <p>(c) Teacher certificate for Early Childhood in grades N-3.</p> <p><b>3.</b> Written statement of the qualifications of each teacher who implements the educational program.</p>			
<p><b>2. Educational Program</b></p> <p>A. A written curriculum for each approved age to include instruction in personal and social development, language and literacy development, mathematical and scientific thinking, social studies, the arts, and physical development and health. <b>(Do not need to submit with application documents).</b></p>	Curriculum will be reviewed by licensing specialist during the initial onsite visit	N/A	
<p>B. A written list of the instructional materials and equipment that the educational program owns to implement the curriculum as specified in 2A.</p>			
<p><b>3. Child Records</b></p> <p>Sample of the cumulative student record form(s) that will be used for each child enrolled in the educational program and includes all information required by COMAR Educational Programs: Child Records.</p>			
<p><b>4. Daily Schedule</b></p> <p>Submit a copy of the program’s daily schedule. Indicate the beginning and end of the Educational Program (that sequential period of time during the day in which instruction will be implemented by teachers who meet the requirements of COMAR.) Indicate before and/or after school</p>			

MARYLAND STATE DEPARTMENT OF EDUCATION  
OFFICE OF CHILD CARE

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child care periods, as applicable. An Educational Program may not operate for more than six (6) hours per day.			
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I hereby certify that the information provided in this application and in the attachments is true and correct.

Signature\_\_\_\_\_Date\_\_\_\_\_

Printed Name\_\_\_\_\_Title\_\_\_\_\_