

QRIS Education Verification Form

For those lead and assistant teachers NOT enrolled in IdahoSTARS PDS

Please confirm the current level of education by attaching:

- A copy of the highest diploma or degree you have earned

Note: Completing this application **does not** enroll you in the IdahoSTARS Professional Development Registry. To enroll in the PDS Registry, you must attend a PDS Orientation offered by your regional Child Care Resource and Referral office and submit additional paperwork and documentation. Dial 2-1-1 and ask for your local CCR&R office.

Section A. Applicant Information

Current Date : _____

Name: _____ Date of Birth: _____ Male Female

Home Mailing Address: _____

City: _____ State: _____ County _____

Zip: _____ Home Phone _____

Email: _____

Race/Ethnic Group: (check applicable group)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino Ethnicity |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |

Other (specify) _____

Language:

If your primary language is not English, what is it? _____

If your primary language is not English, how well do you speak English? Very well Well Not Well
 Not at all

Do you have a secondary language? If so, what is it? _____

Spoken yes no Written yes no

Education:

Indicate highest level of **completed** level of education and *attach a copy of the diploma or certificate.*

- | | |
|---|--|
| <input type="checkbox"/> No High School Diploma | <input type="checkbox"/> High School Diploma or Equivalent |
| <input type="checkbox"/> CDA | <input type="checkbox"/> Technical Certificate |
| <input type="checkbox"/> Associates | <input type="checkbox"/> Bachelors Degree |
| <input type="checkbox"/> Masters Degree | <input type="checkbox"/> Doctorate Degree |

Name of Degree _____

College or University _____

Date of Graduation _____

Reasons you are not enrolled in the IdahoSTARS PDS Registry. (Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Incomplete PDS application was returned | <input type="checkbox"/> Not planning to stay in the field |
| <input type="checkbox"/> Need more information | <input type="checkbox"/> New to the job |
| <input type="checkbox"/> Student | <input type="checkbox"/> Too busy |
| <input type="checkbox"/> Not interested in scholarships and/or incentives | <input type="checkbox"/> Not eligible for scholarships and/or incentives |

Other _____

Section B. Employment Information

Place of Employment: _____

Name of Authorized Administrator:

(An "Authorized Administrator" would be the person responsible for instituting and approving increases in staff wages and approved to accept money on behalf of the center in the case of a grant award).

Mailing Address _____

City _____ County _____ State _____

Work phone _____ Zip code _____

Your Job Title: (check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Care Assistant Teacher
Trainer | <input type="checkbox"/> Child Care Coordinator | <input type="checkbox"/> |
| <input type="checkbox"/> Child Care Director | <input type="checkbox"/> Child Care Lead Teacher | <input type="checkbox"/> Owner/Provider |

Other: _____

Age Range(s) (check all that apply to the age you work with)

- | | | |
|---|--|--|
| <input type="checkbox"/> Birth to 12 months | <input type="checkbox"/> Toddlers 13 – 30 months | <input type="checkbox"/> Preschool 31 months to 5years |
| <input type="checkbox"/> 5 year old | <input type="checkbox"/> School-Age over 5 years | |