



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).

- Incomplete PDS application was returned
- Not planning to stay in the field
- Need more information
- New to the job
- Student
- Too busy
- Not interested in scholarships and/or incentives
- 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)

- Child Care Assistant Teacher
- Child Care Coordinator
- Trainer
- Child Care Director
- Child Care Lead Teacher
- Owner/Provider

Other: _____

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

- Birth to 12 months
- Toddlers 13 – 30 months
- Preschool 31 months to 5 years
- 5 year old
- School-Age over 5 years