Maryland Accreditation Staff Qualification Form School Age Programs

Program Name: _____ **License** _____ **Date Submitted:** _____

Directions: Complete the following information for each School Age Teacher and Assistant Teacher.

	Staff Member Name	Position Title	Teachers: College Degree, MSDE Credential Level with Expiration Date	Assistant Teachers: High School Diploma or CDA, Credential Level with Expiration Date
1				
2				
3				
4				
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10				
11				
12				