

BUREAU OF SERVICES FOR CHILD CARE

LAS VEGAS OFFICE	ELKO OFFICE	CARSON CITY OFFICE
4220 South Maryland Pkwy, Bldg. B, Suite 300, Las Vegas, Nevada 89119 Phone: 702-486-7918 Fax: 702-486-6660	3920 East Idaho Street Elko, Nevada 89801 Phone: 775-753-1237 Fax: 775-753-1242	4126 Technology Way, 3rd Floor Carson City, Nevada 89706 Phone: 775-684-4463 Fax: 775-4455

DIRECTOR APPLICATION

1. FACILITY INFORMATION

Child Care Facility: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Owner: _____
 Telephone: _____ Fax: _____ Email: _____ Pager: _____

Please check all that apply:
Center Preschool Program Infant Toddler Nursery Care for Ill Children (CIC) Institution
 Other _____
 Application(s) for: Facility Director Preschool Program Infant Toddler Nursery Care for Ill Children Institution

2. BACKGROUND INFORMATION

Name: _____ AKA: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____ Cell/Pager: _____/
 Social Security Number: _____ Birth Date (must be 21) _____
 Nevada Driver's License Number: _____ Expiration Date: _____
 Citizenship: _____ If not U.S.,
 explain: _____

3. REQUIREMENTS

Date of FBI fingerprinting: _____ Expires: _____ Where were prints taken? _____
(ATTACH VERIFICATION)

Have you ever been convicted of any offense or have a pending charge? Yes No
(OMISSION OF INFORMATION IS CAUSE FOR DENIAL OF THIS APPLICATION)
 If **YES**, please provide the following information: date (Nevada does not exclude any conviction, regardless of the year it occurred), location, felony, gross misdemeanor or misdemeanor, explain: _____

Date of TB test: _____ **(COPY MUST BE ATTACHED)**

If employed in Henderson, North Las Vegas, Boulder City or Mesquite, date Clark County Child Care Health Card expires: _____ **(COPY MUST BE ATTACHED)**

Highest grade completed: (Check One) 1 2 3 4 5 6 7 8 9 10 11 12
 Date of High School Graduation: _____ Date of GED _____ **(ATTACH COPY OF DIPLOMA OR GED)**
 College or University: _____ Semesters Completed: _____
 Date of Graduation: _____ Major: _____ Minor: _____ Degree: _____
 OTHER: _____
(TRANSCRIPTS OR CERTIFICATES MUST BE ATTACHED)

List any additional course work, or certificates held, with dates/location: _____

First Aid training: Yes No CPR: Yes No Expiration Date: _____
If YES, What kind where and when: _____

(VERIFICATION FOR FIRST AID MUST BE ATTACHED)

4. EMPLOYMENT RECORD: (EMPLOYMENT MUST BE VERIFIABLE)

List the last positions you have held beginning with your most recent employment. Include **all** early childhood experiences.

1. Employer: _____ Telephone: _____

Address: _____

City/State/Zip: _____

Your Title: _____ Specific Dates of Employment: _____

Number of Hours Per Week: _____ Ages of Children in Your Care: _____

Your Duties: _____

2. Employer: _____ Telephone: _____

Address: _____

City/State/Zip: _____

Your Title: _____ Specific Dates of Employment: _____

Number of Hours Per Week: _____ Ages of Children in Your Care: _____

Your Duties: _____

3. Employer: _____ Telephone: _____

Address: _____

City/State/Zip: _____

Your Title: _____ Specific Dates of Employment: _____

Number of Hours Per Week: _____ Ages of Children in Your Care: _____

Your Duties: _____

4. Employer: _____ Telephone: _____

Address: _____

City/State/Zip: _____

Your Title: _____ Specific Dates of Employment: _____

Number of Hours Per Week: _____ Ages of Children in Your Care: _____

Your Duties: _____

Please describe your previous experiences working with young children. You may include professional or non-professional experience identifying the ages of the children for which services were provided.

5. REFERENCES

Include written references from at least **three persons**. One reference must be from a local person.

1. Name: _____ Address: _____

City/State/Zip: _____

Relationship: _____ Telephone: _____

2. Name: _____ Address: _____
 City/State/Zip: _____
 Relationship: _____ Telephone: _____

3. Name: _____ Address: _____
 City/State/Zip: _____
 Relationship: _____ Telephone: _____

4. Name: _____ Address: _____
 City/State/Zip: _____
 Relationship: _____ Telephone: _____

5. Name: _____ Address: _____
 City/State/Zip: _____
 Relationship: _____ Telephone: _____

Please explain why you feel you are qualified to serve as a child care director. Include the regulation section under which you feel you should receive qualification. Provide a detailed explanation if you are requesting an equivalency/combination of education and experience noting the section for which you feel you have an equivalency:

I hereby authorize the State of Nevada, Bureau of Services for Child Care, to verify any statements made in this application. I have read, and agree to abide by, the Rules and Regulations pertaining to the specific type of facility for which I am submitting a director application. I further understand that I am responsible for employing only those persons who qualify as defined in NRS 432A. I agree to allow authorized representatives of the Bureau of Services for Child Care, upon proper identification, to enter the facility during hours of operation to review the facility, records and documents as necessary to ascertain compliance with NRS 432A. and NAC 432A.

 Signature Date

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Bureau Use Only	Date	Comments
Date application received		
Date application approved or denied		
Date applicant notified of approval or denial/with application returned		
Date incomplete application resubmitted, with missing data included		
Date resubmitted application approved		