



Children Youth & Families Department

Early Childhood Services Division

Early Childhood Training/Professional Development Equivalencies Request Coversheet

Contact Information	
Name: _____ Date: _____	
Address: _____	
Contact phone #: _____	Email address _____
Program Information	
Early Childhood Program Name/Address: _____	Program STAR Level [] 2 STAR [] 3 STAR [] 4 STAR [] 5 STAR
Position: _____	STAR Level pursued (if applicable) _____
Years of Experience: _____	
Age Group (check all that apply): [] Prenatal [] Infant/Toddler [] Pre-School [] Early Pre-K [] Pre-K [] School Age	
Equivalency Information	
Equivalency Requested: _____	College/University/Training attended: _____
Level: _____	Degree(s)/ credits/certificate(s) earned _____
	(Attach documents to be considered)
Additional Information	

To be completed by the Office of Child Development

Determination				
Equivalency Determined	Letter Sent (date/initials)	Need Information	Partial Equivalency	Additional Training/Credits
Official Signature: _____ Position: _____ Date: _____				