

United Methodist Association of Preschools Staff Credential Report Annual Update 2010

School _____ Person Completing Report _____ Position _____ Date _____

Please complete the following information for all staff.

Complete in the following order: *Administrator/Director(s), Early Childhood Specialist, Teachers, Classroom Assistants, and other Support Staff.
(Please make copies as needed for additional staff)

*Please refer to the newly revised UMAP Standards for Accreditation Part B 4.1 for the six classifications of program staff.

For required educational credentials please refer to Part B Section 4 of the UMAP Standards for Accreditation.

Administrators/Directors

Name	Position/Job Title	Date of Birth	Highest level of Education	Degree Field	CPR Expires	First Aid Expires	Early Literacy
	Administrator /Director						
	Early Childhood Specialist						

United Methodist Association of Preschools Staff Credential Report Annual Update 2010

School _____ Person Completing Report _____ Position _____ Date _____

Teachers

Name	Position/ Job Title	Date of Birth	Highest level of Education	Degree Field	CPR Expires	First Aid Expires	Early Literacy
	Teacher						
	Teacher						
	Teacher						
	Teacher						
	Teacher						
	Teacher						
	Teacher						
	Teacher						
	Teacher						

United Methodist Association of Preschools Staff Credential Report Annual Update 2010

School _____ Person Completing Report _____ Position _____ Date _____

Assistant Teachers

Name	Position/ Job Title	Date of Birth	Highest level of Education	Degree Field	CPR Expires	First Aid Expires	Early Literacy
	Assistant Teacher						
	Assistant Teacher						
	Assistant Teacher						
	Assistant Teacher						
	Assistant Teacher						
	Assistant Teacher						
	Assistant Teacher						
	Assistant Teacher						

United Methodist Association of Preschools Staff Credential Report Annual Update 2010

School _____ Person Completing Report _____ Position _____ Date _____

Student Assistant

Name	Position/ Job Title	Date of Birth	Highest level of Education	Degree Field	CPR Expires	First Aid Expires	Early Literacy
	Student Assistant						
	Student Assistant						
	Student Assistant						

Support Staff

Name	Position/ Job Title	Date of Birth	Highest level of Education (Optional)	Degree Field or Certifications (Optional)	CPR Expires (Optional)	First Aid Expires (Optional)	Early Literacy (Optional)