

Date_____

**APPLICATION TO SERVE ON THE CHILD CARE APPEAL REVIEW PANEL
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
LICENSING AND ACCREDITATION UNIT**

NAME: _____

Address: _____

City/Zip: _____

I wish to apply to serve on the Child Care Appeal Review Panel as a representative of:

_____ Early Childhood Professional

_____ Pediatric Health Professional (active involvement or experience with preschool children in group settings in preferred).

_____ Parent of a child attending an early childhood program.

_____ Licensed child care provider/ Type of Program _____

- Number of years licensed _____
- Quality Accredited Facility? Yes _____ No _____

Background/ Education/ Experience (Please attach Resume):

(Optional): Ethnic Background:

- African American
- American Indian
- Asian
- Caucasian
- Hispanic
- Other _____

Professional/ Community Involvement: _____

Why are you interested in serving on the Panel? (Please attach additional pages if necessary.)

References: (Please list three references):

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By making this application, I understand the commitment is for a three year appointment and agree to be available to meet on a monthly basis (if required) to consider appeals from child care providers.

Signature	Date
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RETURN COMPLETED FORM NO LATER THAN March 31, 2009, TO:

**Division of Child Care and Early Childhood Education
Licensing and Accreditation
P.O. Box 1437, Slot S150
Little Rock, Arkansas 72203**