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

Date: _____________

Name: ______________________________________________________

Address: ____________________________________________________

City/Zip:  ____________________________________________________

Phone: ________________________ Cell: _________________________

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

_____Early Childhood Professionals

_____Pediatric Health Professionals (active involvement or experience with pre-school children in group settings is preferred)

_____Parent of a child attending an early childhood program

_____Licensed child care provider / Type of program:__________________________

  • Number of years licensed/registered:________

  • Better Beginnings Facility?  Yes ______  No ______

    o If yes, Level of Better Beginnings: ______________

(Optional): Attach Resume

(Optional): Ethnic Background:
  __ African American / Black
  __ American Indian
  __ Asian
  __ Caucasian
  __ Hispanic
  __ Other __________________________

Professional/Community Involvement:

________________________________________________________________________
________________________________________________________________________
Why are you interested in serving on this panel? (Please add additional pages if necessary)


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

Signature  Date

RETURN COMPLETED FORM TO:

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