

**Professional Development Incentive Application
Smart Start of Saline County**

Name: (Please Print) _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Name of Business: _____

Social Security Number: _____ E-mail address _____

Average number of hours per week that you provide care: _____

Start Date as a Licensed Provider: _____

(If you were registered prior to becoming licensed in Saline County with no lapse in service, indicate the month and year you became registered.)

How many years have you worked in child care in Saline County to date?

(List all places and length of employment) _____

Number of children presently in your care. Include full and part time children.

0 – 12mos. _____ 13mos. – under 3 yrs. _____ 3yrs to 5 yrs. _____

Current level of education: (Check highest level attained)

_____ High School Diploma _____ GED _____ Enrolled in T.E.A.C.H.

_____ Pursuing Child Development Associate (CDA) _____ CDA Credential (Date awarded _____)

_____ Associate's Degree _____ Bachelor's Degree _____ Master's Degree

If you do not have a degree in Early Childhood, but have taken college classes in Early Childhood, list the classes and number of hours earned per class. *(Must have copy of transcript for verification)*

If you do not have any college credit in Early Childhood, how many KDHE approved in-service hours *(must provide copies of certificates)* have you participated in since Nov. 1st? _____

I verify that the information given on this form is true and correct to my knowledge.

Applicant's Signature: _____ Date: _____

Eligibility for Smart Start Professional Development Incentive:

- must be licensed **prior** to July of current year
- 10+ in-service hours = \$100 **or** 20+ in-service hours = \$250
- **only** KDHE approved in-service hours earned between **Nov. 1st of previous year and Oct. 31st of current year** will be counted toward annual bonus
- at least half of the training hours/college credit must have been completed in person to be eligible
- Copies of current license and KDHE in-service hours ***required*** to determine bonus

*Please send a copy of your current license with the application to:
Smart Start/CAPS, 153b S. 5th Street, Salina, KS 67401*