



## SUPPLEMENT CD1

This form is used to provide official verification of completion of a National Association for the Education of Young Children (NAEYC) accredited program in Child Development for birth through age 4. It is to be completed by the dean or head of the unit that houses the program at an institution of higher education in Alabama, another state, the District of Columbia, or a U.S. Territory where the program was completed.

**I. Personal Data:** *(TO BE COMPLETED BY THE APPLICANT. TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.)*

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
(    )	(    )	(    )	<input style="width: 100%;" type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)				
-   -	-   -				

NAME OF COLLEGE OR UNIVERSITY COMPLETING THIS FORM	LOCATION	DATES ATTENDED	DEGREE AND MAJOR
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

I hereby permit the release of information concerning my program completion to the Alabama State Superintendent of Education.

Date	Signature of Applicant
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**II. Verification Data:** *(TO BE COMPLETED BY THE DEAN OR HEAD OF THE UNIT THAT HOUSES THE PROGRAM AT AN INSTITUTION OF HIGHER EDUCATION.) Check more than one response, if applicable.*

- A. \_\_\_\_\_ At the time of this student's matriculation, this institution \_\_\_ was / \_\_\_ was not regionally accredited.
- B. \_\_\_\_\_ This student **COMPLETED** a bachelor's level NAEYC-accredited program in Child Development for birth through age 4 with a minimum overall grade point average (GPA) of at least 2.75 on a 4.0 scale on \_\_\_\_\_.  
*(date)*
- C. \_\_\_\_\_ This student **DID NOT COMPLETE** a bachelor's level NAEYC-accredited program in Child Development for birth through age 4.
- D. \_\_\_\_\_ At the time of this student's program completion, this institution did not have a bachelor's level NAEYC-accredited program in Child Development for birth through age 4

Signature of Dean or Authorized Official	Name of Institution
Typed or Printed Name	Mailing Address
Title	City/State/ZIP Code
Telephone/Email Address	Date

**THE OFFICIAL SEAL OF THE INSTITUTION MUST BE AFFIXED TO THIS DOCUMENT. THE COMPLETED SUPPLEMENT CD1 IS TO BE FORWARDED BY THE INSTITUTION TO THE APPLICANT IN A SEALED ENVELOPE AND SHOULD NOT BE OPENED PRIOR TO SUBMISSION TO THE EDUCATOR CERTIFICATION SECTION. FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**