

MARYLAND STATE DEPARTMENT OF EDUCATION
 OFFICE OF CHILD CARE – Credentialing Branch
 200 West Baltimore Street • Baltimore, Maryland 21201

**MARYLAND CHILD CARE CREDENTIAL
 APPLICATION FOR TRAINING VOUCHER/REIMBURSEMENT**

INSTRUCTIONS: Complete this application form and mail it with **ALL** documentation to the Office of Child Care (OCC) at the above address. **Incomplete applications will be returned.**

1. PERSONAL INFORMATION - Complete ALL information in the spaces provided.

Applicant's Name: _____ <small>(Please print or type)</small> Last First Middle						
Social Security #: _____ <small>(Required)</small>			Annual Family Income: _____ <small>(Federal Tax Form 1040 – Line 22)</small>			
Mailing Address: _____ <small>Number Street Apt. # (if applicable) City State Zip Code</small>						
Work Phone #: _____			Home Phone #: _____			
Check one: <input type="checkbox"/> Family Child Care Provider: Registration #: _____						
<input type="checkbox"/> Child Care Center Employee: Center: _____ License #: _____						
I hold a Maryland Child Care Credential Level: _____ that expires on: _____						

2. I AM APPLYING FOR: (Check only one)

<input type="checkbox"/> TRAINING VOUCHER – (Training costs to be paid directly to training entity.) Attach copies of: <ul style="list-style-type: none"> • Training advertisement or course catalog information. (Information must include date of training, cost, session title, name of instructor and if applicable, OCC assigned approval number.) • If college course outside the Core of Knowledge, statement of degree requirements and course of study. 	<input type="checkbox"/> TRAINING REIMBURSEMENT – (Only training completed within the past four months may be reimbursed.) Attach copies of: <ul style="list-style-type: none"> • Training advertisement or course catalog information. (Information must include date of training, cost, session title, name of instructor and OCC assigned approval number, if applicable.) • Receipt of payment indicating the amount of the training fee or CANCELLED check. • Certificate of successful completion or college transcript. (Documentation must include the name of the participant, the date of training, training title, trainer or training organization, and, if applicable, the OCC assigned approval number.)
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3. TRAINING INFORMATION – Complete ALL information in the spaces provided.

	Training Date(s)	Training Title	Trainer/Training Organization	Trainer Address <small>(Required for voucher request only)</small>	Cost
1.					
2.					
3.					
4.					
TOTAL COST					

4. STATEMENT

All information on this application is true and accurate to the best of my knowledge. I understand that any false statement on this application will result in it being rejected. I further understand that if I receive a *training voucher* I will:

- Attend the session named on the voucher;
- Submit documentation to the Office of successful completion of the training;
- Be required to repay the amount of the voucher if I do not successfully complete the training for which it was issued; and
- No longer be eligible for training vouchers if I do not successfully complete the training for which it was issued.

Applicant's Signature **(Must be signed in BLUE INK)** _____
 OCC 273 (Revised 10/09) - All previous editions are obsolete.

_____ Date