Provider Information

Facility Name_____   Date_____

Name of Person Reporting Change_____

Title_____   Phone_____

☐ **Change of Director**

Director Name_____   Effective Date_____

Director is Replacing_____   ☐ Transcript/Credential

☐ **Update & Submit DEL Profile**   ☐ Background Screening
☐ **Update and Submit VPK APP**
☐ **Create DEL profile login for new Director (if applicable)**   ☐ Good Moral

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☐ **Add Calendar**	☐ **Remove Calendar**
Calendar Identifier:_____	Calendar Identifier:_____
Start Date:_____ End Date:_____	Effective Date:_____
Reason:_____	Reason:_____
_____	_____
_____	_____

☐ **Edit Calendar**	☐ **VPK Class Change** ☐ **Add** ☐ **Remove**
Calendar Identifier:_____	Class Identifier:_____
Effective Date:_____	Start Date: _____ End Date:_____
Reason:_____	Reason:_____
_____	_____
_____	_____

I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. If any of this information changes, I understand that the provider must submit updated information to the coalition, in writing, within 14 days of the change. I also understand that the provider is encouraged to submit updated information before a change is implemented as the provider may be out of compliance with the requirements of the VPK program if the changes are implemented before the coalition approves of the changes.

Signature_____   Date_____

ELC Office Use Only	
Verify changes made to the profile ☐ Director Changes - Director Facility Tab (If applicable) ☐ Calendar Changes – Closures Calendars Tab (if applicable)	☐ Update Master & Alpha Zip Spreadsheet (*VPK Director Only*) (Z Drive→VPK→VPK Provider Related Files→Master-Zip "Current Year") (Z Drive→VPK→VPK Provider Related Files→Alpha-Zip "Current Year")
Specialist Reviewed	Date-	☐ Email Sheila & Laurie (if POP Director or Calendar Start Date change)