

Provider Information	
Facility Name _____	Date _____
Name of Person Reporting Change _____	
Title _____	Phone _____

<input type="checkbox"/> Change of VPK Instructor	<input type="checkbox"/> Lead <input type="checkbox"/> Aide <input type="checkbox"/> Substitute
Class Identifier _____	Effective Date _____ <i>*You must enter 'Start Date' on the VPK APP*</i>
<input type="checkbox"/> Add - Instructor Name _____	<input type="checkbox"/> Transcript/Credential
Instructor is Replacing _____	<input type="checkbox"/> Background Screening
<input type="checkbox"/> Remove – Instructor Name _____ <i>*You must enter 'Last Taught Date' on the VPK APP*</i>	<input type="checkbox"/> Good Moral
<input type="checkbox"/> Update and Submit VPK APP	

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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 _____

<i>ELC Office Use Only</i>	
Reviewed By: _____	Date: _____
Verified 'Start Date' and/or 'Last Taught Date' Entered _____	