

**OFFICE OF EARLY CHILDHOOD (OEC)**  
**ARKANSAS BETTER CHANCE/ ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS**  
**APPLICATION FOR STAFF QUALIFICATION PLAN [SQP]**

**Program Information**

<b>Agency</b>				
<b>ABC Coordinator</b>				
<b>Address</b>		<b>City</b>		<b>Zip</b>
<b>Phone</b>		<b>Fax</b>		<b>E-mail</b>
<b>Site Name</b>				
<b>Address</b>		<b>City</b>		<b>Zip</b>

**Staff Information**

<b>Staff Name</b>				<b>PDR#</b>	
<b>Desired Position</b>	<b>Center Based:</b> <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Infant/Toddler Teacher <b>Home Based:</b> <input type="checkbox"/> HIPPY Educator <input type="checkbox"/> PAT Educator				
<b>Start Date in Current Position</b>					

**Credential Degree Sought**

<input type="checkbox"/> Bachelor's degree in:	
<input type="checkbox"/> Associate degree in:	
<input type="checkbox"/> CDA-Child Development Associate	<input type="checkbox"/> Early Childhood Credential/Certificate in:
<input type="checkbox"/> Completion of a minimum in twelve hours of early childhood college credit hours in addition to college degree	
<input type="checkbox"/> Educational Institution that the credential/degree will be obtained:	

**Required Documentation**

**Current Credential:**

- ☐ HS Diploma
- ☐ Expired CDA - Date Expired \_\_\_\_\_
- ☐ Associate degree – Field of Study \_\_\_\_\_
- ☐ Bachelor's degree– Field of Study \_\_\_\_\_
- ☐ Master's degree– Field of Study \_\_\_\_\_
- ☐ Some college hours - \_\_\_\_\_ College / University \_\_\_\_\_
- ☐ Other [specify] \_\_\_\_\_

**\*Include Copies of all College/University Transcripts**

- ☐ Course of Study form completed by accredited college or university advisor

\_\_\_\_\_  
**Staff Member/Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Program Director/School District Official**

\_\_\_\_\_  
**Date**

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**Instructions**

The SQP serves as a waiver to approve staff to teach in an ABC classroom while working toward meeting minimum staff qualifications. This plan is synonymous with the K-12 Additional Licensing Plan (ALP) offered by the Arkansas Department of Education. Each SQP waiver request is determined on a case-by-case basis.

**Program Information:**

- Agency Information – Must be same information that is on the Grant Agreement.
- Site Information – Specific site information at which the staff person is located.

**Staff Information:**

- Staff Name
- PDR- Professional Development Registry (PDR)- ABC staff may retrieve a listing of the Early Childhood Professional Development trainings attended and completed.
- Desired Position
- Start date: date of employment in current position (may be different from the initial employment date with the program).

**Credential/Degree Sought:**

- Check the appropriate box for the degree/credential sought. *The degree/credential must be achievable within 2 years.*

**Required Documentation**

**Current Credentials/degrees:**

- Check all credentials/degrees completed.
- If an Associate, bachelor's or master's degree is checked, the Major/Concentration MUST be entered.
- If no degree has been completed, then the number of college credited hours MUST be entered.
- If the SQP is requested to renew a CDA, the expiration date must be included.
- If the applicant holds a degree in an area other than early childhood or child development, then either 12 hours or CDA must be checked.

**Transcript:**

- All applicable transcripts must be included and enter the name of a higher educational institution.

**Course of Study:**

- A course of study must be included, programs may complete the ABC Projected Course of Study form or obtain degree plan from the educational institution enrolled that includes the information requested on course of study form.

**Signatures:**

- The staff member for whom the SQP/ALP is being requested MUST sign.
- The Program Director/School District Official MUST sign the SQP/ ALP Application (this must be the same person who signed the Grant Agreement and is the Agency's Authorized Official).