

**EESLPD CHANGE OF INFORMATION**

Early Childhood Education Lead Teachers – Nonpublic Schools

**REQUIRED FIELDS**

<b>Section I</b>	Please print legibly and enter your entire legal name as it appears on your social security card.		
<b>Teacher's First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>	<b>Last Name</b>

**I am changing**  **Personal Demographics (Section II)**     **Site Change (Section III)**

<b>Section II</b>	<b>Personal Demographics:</b> Please print legibly and enter your entire legal name as it appears on your social security card.			
<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>	<b>Last Name</b>	
<b>Home Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
			NC	
<b>Home Phone Number</b>	<b>Cell Phone Number</b>	<b>Email Address</b>		
- -	- -	@		

<b>Section III</b>	<b>Site Change:</b> Please print legibly or type			
Type of Program or Facility <input type="checkbox"/> Private Child Care <input type="checkbox"/> Head Start <input type="checkbox"/> Developmental Day				
I teach <input type="checkbox"/> NC Pre-K <input type="checkbox"/> Preschool <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Other _____				
<b>Site Name</b>			<b>Hire Date (MM/DD/YYYY)</b>	
			/ /	
<b>Site Physical Address</b>	<b>City</b>	<b>State</b>	<b>County</b>	<b>Zip Code</b>
		NC		
<b>Site Phone Number</b>	<b>Site Fax Number</b>		<b>DCD Star Rating</b>	
- -	- -			
<b>Primary Site Administrator / Director Name</b>	<b>Email</b>		<b>Phone Number</b>	
	@		- -	
<b>Secondary Site Administrator / Director Name</b>	<b>Email</b>		<b>Phone Number</b>	
	@		- -	

***This form must be completed, signed and dated by the applicant. I attest to the accuracy of the above information.***

Signature

Date

**\*\* In order to continuously protect your personal identification, the Early Educator Support Licensure and Professional Development (EESLPD) Unit will ONLY accept this application form via fax or postal mail.**

**Mailing Address:** Attn: EESLPD Enrollment Specialist, 2201 Mail Service Center, Raleigh, NC 27699-2200

**Fax Number:** (919) 715-0920

Applicants should retain a copy of this form.