

APPLE Verifier Application

APPLE Verifier

Thank you for expressing interest in becoming an APPLE Verifier. The verifiers are the eyes and ears of the APPLE Early Childhood Accreditation Program and serve to verify the APPLE instruments.

A verifier must understand that the role of the verifier is simply to verify what has been reported in the self-study portfolio and to observe within the center. It is not to judge, offer advice (other than informally) or to make accreditation decisions.

The APPLE Commission considers verification a vital step of an educational process. The center has completed a self-study and made the improvements necessary to offer the finest program possible. The verification visit is an objective look at that center and that program by an outside individual who has no vested interest in the program. A verification visit is not an attempt to 'catch' a center at something. Requesting a verification visit is also not a guarantee that the center is a quality program. The verifier must observe and examine all facets of the program to determine if the center meets the criteria for excellence established by the APPLE Accreditation Program.

To become a verifier you must submit:

- 1. Verifier Application
- 2. Your resume
- 3. Three completed recommendation forms, (not from immediate family members and co-workers unless the co-worker is your supervisor). The recommendations should be sent directly to the FACCM Office.

Please send the FACCM-APPLE Verifier application and all supporting documentation to:

APPLE ACCREDITATION OFFICE
10060 Amberwood Road
Suite 3
Fort Myers, Florida 33913

Any questions, or if you need assistance, please call: 1-877 634-9874

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Name: _____ Date ____/____/____

Address: _____

City _____ State _____ Zip _____

Home phone # (____) _____ - _____ Work phone # (____) _____ - _____

E-mail address: _____

Please check the box next to the qualifications below that you meet:

- A center director, with a Director Credential, with at least five (5) years experience as director/administrator of an early childhood program that serves children beginning at infancy through age five. Must have experience working with children in a child care/early childhood education setting.
- An individual, holding a CDA(or CDA equivalent), Associates Degree in early childhood education, psychology, child development or other related field from an accredited college or university with evidence of education/training covering children from infancy through age five. In addition the individual must document five years of experience in an early childhood program, including children beginning at infancy through age five.
- An individual holding a B.A., B.S., or advance degree in early childhood education, psychology, child development or other related field from an accredited university with evidence of education/training covering children from infancy through age five. In addition, the individual must document three years of experience in an early childhood program.

Please list the professional organizations of which you are a member:

Check all that apply:

- The center where I now work is accredited by _____
- I was actively involved in securing accreditation for my center through _____
- I have been through the self-study process but have not been accredited by _____
- I have been verifier for another accrediting body: (identify) _____
- Other experience with accreditation: please explain: _____

Verifying requires that you go to a center, make your verification visit and then return home. When verification assignments are made, consideration is given to the respective locations and the distances between them. Also taken into consideration is the possible conflict of interest between centers in the same community.

Are you willing to travel:

- Within 100 miles
- Beyond 100 miles
- I will consider locations that require air travel and overnight stays (with all expenses reimbursed)
- I will consider each assignment at the time it is made.

I live/work in _____ County

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Please explain, briefly, why you would like to become a Verifier for the APPLE accreditation program:

If you are accepted as a verifier the following will be your responsibilities.

- To make arrangements to verify assigned centers as quickly as scheduling allows.
- To present a professional image as a representative of APPLE at all times.
- To objectively observe all program components in order to collect and verify all responses in the accreditation instrument.
- To review records and conduct interviews of staff and the director to confirm all responses in the accreditation instrument that cannot be verified through observation.
- To accurately complete the verification documentation.
- To expeditiously submit completed verifications to the APPLE accreditation for review.
- To decline to verify centers with which you have a conflict of interest, prior knowledge or a relationship of any kind.
- To make a minimum of two verification visits annually to remain in the pool of current verifiers
- To attend annual training to update your verifier status.
- To maintain confidentiality about programs verified.

I have read and understood the requirements of the position of Verifier for the APPLE Accreditation program. I believe that I can fulfill the duties and responsibilities outlined above.

Signature _____ Date ___/___/___

Make three copies of the attached Verifier Recommendation forms. Have the forms completed and mailed directly to the APPLE office.

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A telephone interview may be part of this application process. The APPLE Commission will review information regarding the verifier candidate. The candidate will receive an invitation to attend the next verifier's training.

Verifier Recommendation Form

The applicant named below is seeking a position as an APPLE Verifier. Responsibilities include collecting data on child care/early childhood programs through observation, records review and interview of the director of the program. This data needs to clearly reflect how the program is performing according to the criteria as established by the APPLE Commission. This position requires that a person is accurate and objective in their assessment, thorough in their documentation, as well as, knowledgeable in the field of early childhood.

(Applicant: please complete this section before giving the form to your recommending person)

Applicant's Name _____ Date ___/___/___

Address _____

_____ () _____

City State Zip Phone #

(The remainder of this form should be completed by the individual giving the recommendation.)

Name _____ Date ___/___/___

Address _____

_____ City State Zip

Home Phone # () _____ Work Phone # () _____

Current Occupation _____

Place of Employment _____

How long and in what capacity have you known the applicant?

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Please rate the applicant on his/her knowledge OR hands-on ability in the areas below.
Rating Criteria: (1) Highly skilled, (2) Skilled, (3) Somewhat skilled, (5) Unable to rate

Rating	Ability
_____	Interpersonal communication and supportive personality
_____	Management and organizational skills
_____	Knowledge of child development theory, research and practice
_____	The ability to evaluate a safe, healthy learning environment
_____	The ability to evaluate a center's program in respect to the cognitive development of young children.
_____	The ability to evaluate the early literacy opportunities and experiences of young children
_____	The ability to evaluate a center's program in respect to the social and emotional development of young children.
_____	The ability to evaluate a center's program in respect to parental involvement.
_____	The ability to evaluate a center's program in respect to the provision of nurturing learning environments that are responsive to the needs of each child.
_____	The ability to evaluate a family friendly center where parents feel the center is an extension of "family".
_____	The ability to evaluate a center's program as it addresses the needs of children from the broad diversity of cultural backgrounds.

In the space provided below, please include your assessment of the applicant in the position of verifier for FACCM-APPLE Advisory Council. From your acquaintance with the applicant, how well will the applicant satisfy the role and requirements of a verifier as stated above?

Signature _____ Date ____/____/____

Title/position _____

Please mail completed recommendation to: A.P.P.L.E. ACCREDITATION OFFICE
10060 Amberwood Road
Suite 3
Fort Myers, Florida 33913