



**child  
development  
services**

## Consultant Profile Form

Please fill out one form **for each consultant** who works with children (i.e., OT, PT, SLP, DT, COTA, PT Aide, SLPA).

Consultant name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Program site name: \_\_\_\_\_ Job title: \_\_\_\_\_

Maine License/Certification [**Attach copy**].

Type: \_\_\_\_\_ Year: \_\_\_\_\_

Copy of liability insurance (if applicable):  Yes  No

Date of background check and fingerprint: \_\_\_\_\_

Number of years practicing at this age level: \_\_\_\_\_

Ed. Tech Authorization (check one and attach a copy):

Ed Tech I

Ed Tech II

Ed Tech III

Year Ed. Tech Authorization received: \_\_\_\_\_

Highest education level attained (please check one):

High School diploma/GED

Associate's Degree (specify): \_\_\_\_\_

Bachelor's Degree (specify): \_\_\_\_\_

Master's Degree (specify): \_\_\_\_\_

Doctoral Degree (specify): \_\_\_\_\_

180 hrs. Core Knowledge (MRTQ) Please check if applicable.

Child Development Associate (CDA) Please indicate year received: \_\_\_\_\_

Health and Safety Certificates:

First Aid expiration date: \_\_\_\_\_  CPR expiration date: \_\_\_\_\_