

SUPPLEMENT TO FCC APPLICATION

Applicant's Name _____

Please submit the following information with your completed application to help us determine when we can tentatively schedule a licensing home visit.

1. Fingerprinting

Our fingerprinting appointments are scheduled on _____

2. Medical Clearances

Our physical examinations are scheduled on _____

Other household member(s) is/are scheduled on: (names and dates)

3. Tuberculosis Clearances

Our TB tests are scheduled on _____

Other household member(s) is are scheduled on: (names and dates)

4. Employment Histories

Name(s) of all employers in past 3 years:

Our employment history forms were submitted to our past employer(s) of the last three years on _____.

If your or your spouse's employment history for the past 3 years includes periods of unemployment or self-employment, indicate this information on the form.

5. References

Two written references will be submitted by _____.

6. Children's Health Records

Health records for children in our care will be submitted by ____.

If the above information changes, please call and inform us at ____.