

Teenage Parent Program (TAP) Provider Profile Information Certification

Date:

Early Learning Coalition:

Provider Name:

Name of person completing form:

Name of person certifying provider profile information (if different):

By signing this section of the form, I certify that:

- The early learning coalition has permission to create an online provider profile as indicated on this form.

Signature of person certifying provider profile information: _____ Date: _____

By signing this section of the form, I certify that:

- I have confirmed the coalition has access to the information necessary to create an accurate provider profile.
- I understand the information required within the provider profile is necessary to meet federal reporting requirements.
- I understand the profile will not be used for reimbursement purposes.

Signature of person certifying provider profile: _____ Date: _____

SHAN GOFF

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