

DATE

To Whom It May Concern:

This letter is to verify that **Name of the VA-ECAP Applicant** will have access to **Name of the Early Childhood Program** while he/she is enrolled in the VA-ECAP Credential Program. We have discussed program access to implement theory in practice via course assignments. If you have any questions, please contact me at **phone number** or via **email**.

Thank you.

Sincerely,

Director's Signature

Printed Name of Director/Administrator

Title