



Request to be Rerated Based on Required Criteria and/or Quality Indicators

This form is for programs that have updated QRIS documentation in Easy Folio and/or Q-Star and wish to be rerated on the basis of this criteria only. This is not an application for reassessment on the ERS Scales.

Date of Request: _____

License Type: Washoe Nevada License Number: _____

Program Name: _____

Program Type: _____

Program County: _____ Region: _____

Director Name: _____

Coach Name: _____

Date of Last Rating: _____

Updated documentation (Check all that apply):

Required Criteria

Quality Indicators

Director Career Ladder Level