

Advisor Registry Consent Form

Social Security Number _____ - _____ - _____

Name _____

Mailing Address _____

City	State	Zip Code
------	-------	----------

Telephone Numbers (*home*) _____ (*work*) _____

E-mail: _____

Specialization(s): Center-Based Preschool Infant/Toddler
 Family Child Care Home Visitor

I verify that I meet the following qualifications:

- A. Personal
- B. Education and Experience - Option 1 (), 2 (), or 3 ()
- C. Bilingual Specialization - Specify Language _____
- D. Waiver request attached? Yes () No ()
- My 1-2 page résumé is attached.

I give permission to the Council to release my telephone number and address to interested CDA Candidates. I understand that the Registry constitutes a referral, not a recommendation. I understand that the Council will refer my name as an eligible Advisor, but the Council is not obligated to recommend my services to CDA Candidates. Agreement to serve as an Advisor is my own decision and does not constitute commitment to accept referrals. The Council reserves the right to remove my name from the Registry at its discretion at any time.

Signature

Date

