



FOLLOW THIS CHECK LIST TO SUBMIT A COMPLETE AND ACCURATE
CDA DIRECT ASSESSMENT APPLICATION

Please note that your application must contain 3 signatures:

- ✓ **Candidate Signature (section 6)**
- ✓ **Director Signature (section 7)**
- ✓ **Advisor Signature (section 8)**

If any of these signatures are missing, your application will be returned to you.

Section 1 -Type of Assessment:

- I checked only ONE credential type.
- I checked the *monolingual* or *bilingual* section because I want to apply for NON-ENGLISH CDA specialization.

Section 2 – Type of Program:

- I checked only ONE program type

Section 3 – Candidate Personal Data:

- I wrote my information CLEARLY and included ALL requested information
(Incorrect address, email or phone number do not allow us to contact you in a timely manner.)

Section 4 - Payment:

- I ATTACHED payment or proof of payment to the application.
(Application will not be processed without payment – it will be returned to you)

Section 5 – Formal Education:

- I completed the chart with AT LEAST 10 HOURS in each Content Area for a total of 120 hours *(Breakdown does not need to be exact. If you have more than 10 hours in each area, simply put 10+ in each box.)*

1 college credit = 15 hours

1 CEU = 10 hours

- I ATTACHED a copy of my official training documentation *(you do not need to mail the original documents to the Council – originals will not be returned to you)*



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Section 6 – Candidate Verification:

- I checked ALL listed items to verify that I have completed all requirements
- I have filled in all the blanks.

PLEASE NOTE:

Infant and Toddler Setting Candidates only: Please make sure and write on the application that you have been observed with all three age groups – young infants (birth – 8 months), mobile infants (9 – 17 months), and toddlers (18 – 36 months) – include the age range.

*The last question at the bottom of this section refers to a Waiver. This does **NOT** refer to a payment voucher, scholarship, or grant. Only check this box if you have pre-approved Candidate Waiver that was granted by the COUNCIL (refer to page 13 or 14 of the Competency Standards Book).*

For Candidates applying for BILINGUAL SPECIALIZATION only

- I completed the section FOR BILINGUAL ASSESSMENT and indicated ONLY ONE language I would like my interview in (*choose only ONE*)

For Candidates applying for MONOLINGUAL SPECIALIZATION only

- I completed the section PARA EVALUACIONES MONOLINGUES

For ALL Candidates

- I have signed the application

Section 7 – Center Program Director or Family Child Care:

- Director of Family Child Care provider included THE MOST CURRENT licensing dates and if the setting is legally exempt, valid reason is provided.
- Director or Family Child Care provider SIGNED the section.

Section 8 – Advisor Information:

- Advisor clearly wrote ALL requested information (*incomplete address, email or phone numbers do not allow us to contact the Advisor in a timely manner*).
- Advisor checked ALL the appropriate boxes and filled in all the blanks.

PLEASE NOTE:

*The question in this section that refers to a Waiver refers specifically to a **pre-approved Advisor Waiver** (please do not check if the Candidate has a waiver). **Only check this box if you (Advisor) have pre-approved waiver that was granted by the COUNCIL** (refer to page 13 or 14 of the Competency Standards Book).*



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For Advisors observing Candidates who applied for BILINGUAL SPECIALIZATION only

Advisor completed the section FOR BILINGUAL ASSESSMENTS.

For Advisors observing Candidates who applied for MONOLINGUAL SPECIALIZATION only

Advisor completed the section FOR MONOLINGUAL ASSESSMENTS (*only for languages other than English*).

For all Advisors

Advisor SIGNED the application.

When all of the sections of the application are **correctly completed**, please

- Attach payment
- Attach training documentation for the 120 clock hours of training
- Mail the application with payment and training documentation to

**Council for Professional Recognition
2460 16th St NW
Washington, DC 20009**

THANK YOU!