



# CDA Renewal Candidate Training Verification Form

**To Be Completed by the Center/Program Director or other Authorized Staff**

**Use this form only:** If the CDA Renewal Candidate has certificates as proof of training or received training from multiple sources. **\*Please print/type legibly and be sure to retain a photocopy for your records.**

Renewal Candidate's Name: \_\_\_\_\_

Renewal Candidate's Credential Type: \_\_\_\_\_

Candidate's Current Position: \_\_\_\_\_

I, \_\_\_\_\_ (Authorized Staff), verify that I have reviewed the above named Renewal Candidate's training record and have verified all of the following:

Training was in the form of:  3 college credits,  4.5 CEUS, or  45 clock hours

Training documentation is either in the form of a college transcript, official certificates, or a letter on letterhead from the training agency. All training documentation contained the training agency name, agency official seal/logo, Candidate Name, Training Topic, credits/hours/CEUS awarded, Date of Training, and Official Signature.

Training was taken **after** the issue date on the Candidate's most current credential (not to exceed five years).

Training was in Early Childhood Education and/or Child Development and was **specific to the age range of the Candidate's original credential endorsement.**

I verify that I am the authorized person identified or named in this form and I attest to the accuracy of the above Statements. I understand that the Council will conduct random audits and may contact me regarding the contents of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

*The Council reserves the right to request training documentation be submitted directly to the Council.*