

CDA Application Instructions



The Child Development Associate (CDA) Credential™ Application

Instead of using this application, consider applying online for faster results!
To fill out this Application online please visit, www.cdacouncil.org/yourCDA.

Please print legibly and be sure to retain a photocopy for your records. Your CDA credentialing time will be significantly increased if your application is not legible. **APPLICATIONS THAT ARE INCOMPLETE OR MISSING PAYMENT WILL BE RETURNED.**

When you submit an application that is completed incorrectly or missing information, you slow down your CDA credentialing process significantly! If your application is not completed correctly it will be returned to you.

Please make sure to follow the application instructions carefully, or submit your CDA application online to avoid delays! www.cdacouncil.org/yourcda

The online application is simple and easy to complete, and it comes with additional benefits:

- Certainty that your application is filled out correctly
- Access the most current status of your CDA credentialing process
- Get your Director and PD Specialist statements online
- Pay your assessment fee online
- Access to fast communication with the Council
- Automated updates about the progress of your credentialing process
- Eliminate mail delivery time!

A. Candidate Information

First Name*:

Middle Name:

Last Name*:

Mailing Address*:

Address Continued:

City*:

State*:

Zip Code*:

Email:

Primary Phone #*:

Alternate Phone #:

Last 4 digits of Social Security Number*:

Date of Birth*:

Month

Date

Year

*** indicates required field**

Please write legibly – if we can't read your writing your credentialing process will be delayed.

Including your email address will allow the Council to contact you faster with important updates about your credentialing process.

You must provide at least one phone number. Without a phone number you will NOT be able to register for the CDA Exam.

B. Credential Type

Setting (check only one):

- Infant/Toddler
(Birth to 36 months)
- Preschool
(3 to 5 years)
- Family Child Care
(Birth to 5 years)

Visit our website to learn which credential type is right for you.
www.cdacouncil.org

Please select only **ONE** credential type that corresponds to the ages of children in the classroom where your Verification Visit will take place. Your Professional Portfolio must align with the credential type you choose. If you select more than **ONE** credential type your application will be returned to you.

Language Specialization (optional):

- Monolingual Spanish
- Bilingual (English and Spanish - see p. 31)
- Other monolingual (please indicate other language) _____
- Other bilingual, English and (please indicate other language) _____

The Type of Program I am currently working in:

- Private Child Care
- High School Vocational Program
- Military Installation _____
- Other _____
- Head Start
- Family Child Care

Select **ONLY** if you are applying for non-English bilingual or monolingual setting. Please select only **ONE** language specialization.

Visit our website to learn whether you should apply for the language specialization.
www.cdacouncil.org

C. CDA Exam

I will take the CDA exam in the following language:

English Spanish

Special Accommodations (optional):

I require special accommodations for my CDA exam. My special accommodations request has been reviewed and approved by the Council and I have attached the signed approval form given to me by the Council. Please see p. 106 for further details.

No

Yes

If yes: please attach a written explanation and the required official documentation to this application.

For your CDA Exam you may choose the exam language that you feel most comfortable with.

Mark "YES" only if you have in your possession a Council approved Special Accommodations Request Form. To download the form, please visit www.cdacouncil.org/forms.

If you mark "YES" you must attach the Council-approved Special Accommodations Request form to your application.

D. Payment

Application Fee: \$325.00 (NOTE: Fee increases to \$425 for applications submitted after September 1, 2013)

Please note that the Application fee is **non-refundable and non-transferable**. Applications sent without payment will not be processed. Only check, money order or credit card payments will be accepted. Cash will not be accepted.

- Enclosed is a non-refundable check or money order made payable to the Council for Professional Recognition.
- An agency is paying all or part of my application fee. I have enclosed my payment authorization letter as a substitution for my payment.
- I would like to pay with a credit card. VISA MASTERCARD DISCOVER

Card Number: Dollar Amount: \$ _____

EXP Date: CVC Code:
Month Year (3-digit number from back of card)

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____

Do not forget to attach the complete payment of \$325 to your application.

You may choose more than one payment type; just remember that the sum of all the payments must amount to the \$325 assessment fee.

E. Education

Note that proof of your education will be verified by your Professional Development Specialist during your Verification Visit. You will need to show valid transcripts, letters or certificates documenting completion of your education.

Please check that you have completed at least ten hours of education in each of the following eight subject areas.

I certify that I have completed a minimum of 10 hours of education related to:

- Planning a safe and healthy learning environment.
- Advancing children's physical and intellectual development.
- Supporting children's social and emotional development.
- Building productive relationships with families.
- Managing an effective program.
- Maintaining a commitment to professionalism.
- Observing and recording children's behavior.
- Understanding principles of child development and learning.

Make sure to indicate you completed the required training in each of the subject areas.

Make sure to indicate you completed the required 120 hours of training.

Make sure to include your transcripts and certificate in your Professional Portfolio. **DO NOT** mail the documentation to the Council. The Council will not return the mailed documents to you.

Total education hours:

- I certify that I have completed at least 120 total clock hours of professional ECE education.

Required:

- All of my education meets Council requirements as outlined on pp 8-9.
- None of my eligible education was obtained at conferences or from individual consultants.
- I have included transcripts, certificates or official letters documenting my education in my Professional Portfolio. I understand that my Professional Development Specialist will review them during my Verification Visit.

F. Eligibility Requirements

- I have a minimum of high school diploma / GED or I am enrolled in a high school career/ technical program in early childhood education/child development.
- I am able to speak, read and write in the language of my assessment well enough to fulfill the responsibilities of a CDA-credentialed professional.
- I have my current certificate of completion or card from a) any first aid course and b) an infant/child (pediatric) CPR course.
- I have distributed and collected my Family Questionnaires within the past six months.
- The Number of Family Questionnaires distributed and collected: _____
- I have 480 hours of experience within the past three (3) years working with children in the same age group and setting for which I am applying.
- I have completed my Professional Portfolio within the last six months and according to Council requirements.

My Professional Portfolio, includes:

- Majority of Family Questionnaires distributed were collected
- Six Reflective Competency Statements were written
- Portfolio includes all of the required Resource Collection items
- One Professional Philosophy Statement was written
- For Infant/Toddler Candidates only:* met all additional requirements

Make sure to check all statements.

- I understand that individuals convicted of a crime involving child abuse or neglect are ineligible to apply for or hold the CDA Credential. If I am awarded the CDA Credential, I agree to meet the standards of the CDA to the best of my ability. I also agree to conduct myself in a professional manner and abide by the *NAEYC Code of Ethical Conduct*. I testify that all answers given to all questions on this application are true to the best of my knowledge.

Candidate Signature: _____ Date: _____

Do not forget to sign your application.

G. My CDA Professional Development (PD) Specialist

In order to complete the CDA credentialing process, Candidates must participate in a Verification Visit during which their Professional Portfolios will be reviewed, they will be observed working with children and they will participate in a reflective dialogue with a CDA Professional Development (PD) Specialist. Applications will only be accepted that include a confirmed PD Specialist for each Candidate (please see p. 18 for information on finding your PD Specialist). Once you contact your PD Specialist and confirm their willingness and availability to serve in this role, ask them to provide you with their full name and PD Specialist identification number:

Full Name of PD Specialist: _____

PD Specialist ID #: _____

NOTE: For those applying for a bilingual or monolingual credential, you must also confirm that the PD Specialist listed above is proficient in the language(s) to be used in the Verification Visit.

- I hereby confirm that I have been in direct contact with the person listed above and that she/he has agreed to serve as my PD Specialist. If I have checked this box falsely I am aware that I may be ineligible to receive the CDA credential and my application fee will not be refunded.

Provide only the PD Specialist ID number that you received from the PD Specialist with whom you spoke about your Verification Visit. Other numbers WILL NOT BE ACCEPTED and will delay your credentialing process.

You must confirm that you spoke with the PD Specialist whom you identified above.

H. Optional Demographic Data

Individual data provided below is optional and will not be shared. The aggregate data will be used for the Council's research purposes only. Your name will remain confidential.

Gender: Male Female

Race/Ethnicity:

- African American Asian
 Hispanic Native American
 White Other: _____

Primary Language: _____

Second Language (if applicable): _____

This is an optional section of the application. The Council uses this data solely for research purposes. This information does not impact your credentialing process.

Highest level of education achieved:

- High School Two year college
 Four year college Graduate degree

CDA professional /in-service education (check all that apply):

- Four-year college Two-year college
 Career/Technical school Head Start
 Early childhood agency (non Head Start)
 Other: _____

If working with children, current title:

- Education supervisor / coordinator / specialist
 Assistant teacher / Aide Classroom teacher
 Program/Center Director Home Visitor
 Family Child Care Provider Student
 Other: _____

I. Director's Permission Statement (to be filled out by Director)

Full Name: _____

Email address: _____

Center or Family Child Care Program

Center/Program Name: _____

Center/Program Phone #: _____ Director Phone #: _____

Is your center or program licensed or meet state requirements?

Yes No

If no, is the center or program exempt from licensing?

Yes No

NOTE: *Verification Visits cannot take place at centers that are not licensed or meet state requirements.*

Director Statement

I understand that a CDA Professional Development (PD) Specialist will conduct a Verification Visit at my center/in my program. The Verification Visit will include a review of the Candidate's portfolio, a classroom observation, and a reflective dialogue.

I agree to find a quiet space for the PD Specialist to spend one hour reviewing the Candidate's portfolio, should the PD Specialist request this space.

I understand that the observation will last for two hours and must take place while the Candidate is actively leading children's activities.

If the Candidate needs to participate in the required reflective dialogue during the work day, I understand that I will need to provide a private space and 45-50 minutes of time during which the Candidate will be away from her/his group of children.

I verify that I am the Director or Family Child Care Provider identified or named in this form. All information I have provided here is accurate. I commit to respect the confidentiality of the Candidate as she/he moves through the CDA Credentialing process.

Signature: _____ Date: _____

Your Director must complete all of the statements and provide his/her signature. If any portion of this statement is not checked, your application will be incomplete and your credentialing process will be delayed.