CDA DATA REQUEST FORM

Please complete and submit this form along with your written letter of intent for data/attached data user agreement. In your request please indicate the intended use of this information. Your request must be on the agency’s official letterhead.

Upon approval, your report will be generated according to the information you provide below:

Name: __________________________ Date: ___________
Affiliation: __________________________
Address: __________________________
Address: __________________________
City, State: __________________________
Phone: __________ Fax: __________
Email: __________________________

Select One:  
☐ Nonprofit  ☐ Media  ☐ Consultant
☐ Researcher/Practitioner  ☐ Government  ☐ Student
☐ Training Organization  ☐ Head Start  ☐ High Volume Customer

Data File(s) Requested:

Output Format:  
Please select one output format.  ☐ Excel  ☐ Word

Note: Please allow a minimum of three weeks from date of request
Basic Request ($250) for current year only

☐ Total number of Child Development Associates (CDAs) awarded by state - New and Renewed - This list will include the number of new Candidates awarded an initial CDA credential during current year only.

☐ NEW Child Development Associates (CDAs) current year only
   Please specify time frame: ________________ to ________________

☐ RENEWAL Child Development Associates (CDAs) current year only
   Please specify time frame: ________________ to ________________

For which state(s) is the request being submitted: ___________________________________________

Requested date to receive report: ________________

Intermediate Request ($500) for only 1 state within past 5 years

☐ Total number of Child Development Associates (CDAs) awarded by state and credential type - New and Renewed - This list will include the number of new Candidates awarded an initial CDA credential for the past five years.

For which state(s) is the request being submitted: ___________________________________________

☐ NEW Child Development Associates (CDAs) only
   Please specify time frame: ________________ to ________________

☐ RENEWAL Child Development Associates (CDAs) only
   Please specify time frame: ________________ to ________________

☐ ALL Child Development Associates (CDAs), active and inactive
   Please specify time frame: ________________ to ________________

☐ Other - Please list detailed specifications below:
   ______________________________________________________
   ______________________________________________________

Requested date to receive report: ________________

Advanced Report ($750)

☐ Total number of Child Development Associates (CDAs) awarded by state and credential type and within a selected region (for available ACF regions please see table below) - This list will include the number of current and past Candidates awarded an initial or renewed CDA credential.

☐ Number of CDA Endorsements by specialization

☐ Total number of Professional Development Specialists (PDS) by state

For which state(s) within a region the request being submitted: ___________________________________________

Requested date to receive report: ________________

☐ State to State Comparison

☐ Please indicate which information you would like to appear on the report:

(Continued onto next page)

(*Note: The Council will not provide the Candidate’s Name, Address, Social Security or Phone Numbers)
Customized Report

The Council can provide custom reporting per request. Please contact us for pricing and volume discounts.

☐ Number of PDS by State
☐ Credential Award Date
☐ Credential Renewal Award Date
☐ Credential language specialization:
  ☐ Monolingual (English or Spanish, only)
  ☐ Bilingual (e.g. Spanish & English)

☐ Credential Type  ☐ All Types  ☐ Preschool  ☐ Infant/Toddler
  ☐ Family Child Care  ☐ MSA  ☐ Home Visitor

Quarterly Report Request (Specific Partners)

If you are requesting a quarterly report, please specify time frames and date needed:


**Quarterly reports are completed annually. *If you wish to have your request continued the following year you must submit a new request by the end of the last quarter of that year***

Time Frame:  Date Needed:
_________________________ to ___________________________  _______________________
_________________________ to ___________________________  _______________________
_________________________ to ___________________________  _______________________
_________________________ to ___________________________

Please deliver the CDA Data Request Report to the following email address:

_____________________________________________________________________________

List of ACF Regions:

<table>
<thead>
<tr>
<th>Region I</th>
<th>Region II</th>
<th>Region III</th>
<th>Region IV</th>
<th>Region V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
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<td>Delaware</td>
<td>Alabama</td>
<td>Illinois</td>
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<td>Minnesota</td>
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<td>Washington, DC</td>
<td>Mississippi</td>
<td>North Carolina</td>
<td>Ohio</td>
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<td>North Carolina</td>
<td>South Carolina</td>
<td>Wisconsin</td>
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<tr>
<th>Region VI</th>
<th>Region VII</th>
<th>Region VIII</th>
<th>Region IX</th>
<th>Region X</th>
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<tbody>
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<td>South Dakota</td>
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</tbody>
</table>
CDA Data User Agreement

Please read carefully, before completing this form. Once forms are complete, please submit data request form, Statement of Intent, and Data User Agreement or if you have questions, please contact the Research & Program Innovation Team at DATA@cdacouncil.org; (202)265-9090 or by fax (202) 265-9161.

By signing this form, I affirm that data obtained from the Council for Professional Recognition (hereto referred to as “The Council”) will be used for the purposes of research and analysis only; research findings will be publicly available in aggregate outputs; a final report will be submitted to the Council; and data on individual records will not be disclosed.

Statement of Intent

Data will be used solely for purposes specified below (for additional space attach letter on agency letter head):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I agree to the following terms – please check each:

☐ Data obtained from the Council will not be distributed, sold, or used by others (or portions thereof) without the express written permission of the Council for Professional Recognition.

☐ I will not misrepresent the data in any way from the original statement of intent; should there be a discrepancy in the data, I will notify the Council for Professional Recognition.

☐ The Council will be notified of any publications or products that result from the use of the data by emailing the Council’s Research and Innovation team at DATA@cdacouncil.org

Point of Contact for the Council for Professional Recognition

Print name: ____________________________ Date: ____________________________
Signature: ____________________________ Phone No.: ____________________________
E-mail: ____________________________