

Council for Professional Recognition

2460 16th Street, NW, Washington, DC 20009-3575

Business 202-265-9090

Fax 202-265-9161



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:**
- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Media | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Researcher/Practitioner | <input type="checkbox"/> Government | <input type="checkbox"/> Student |
| <input type="checkbox"/> Training Organization | <input type="checkbox"/> Head Start | <input type="checkbox"/> 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:

Example: January 1, 2014 to March 30, 2014 needed by April 10, 2014.

****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:

Region I Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Region II New Jersey New York	Region III Delaware Maryland Pennsylvania Virginia Washington, DC West Virginia	Region IV Alabama Florida Georgia Kentucky Mississippi North Carolina South Carolina Tennessee	Region V Illinois Indiana Michigan Minnesota Ohio Wisconsin
Region VI Arkansas Louisiana New Mexico Oklahoma Texas	Region VII Iowa Kansas Missouri Nebraska	Region VIII Colorado Montana North Dakota South Dakota Utah Wyoming	Region IX Arizona California Nevada Hawaii	Region X Alaska Idaho Oregon Washington

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: _____