



CDA® Renewal Candidate Training Verification Form

To be completed by the Center Director or other Authorized Staff Person

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 copy 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:

Note: All four statements below must be selected in order to verify that the training reviewed meets the Council’s training requirements. If a statement is left unchecked, the form is considered incomplete.

- 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’s 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.