

☐ Yes

D. Payment

Application Fee: \$600.00

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 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: _____

E. Education

Note that proof of your education will be verified by your CDA Professional Development (PD) Specialist™ during your CDA 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.

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. 12-14.
- ☐ 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 *CDA Professional Portfolio*. I understand that my PD 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 in a center-based setting, working with children ages birth to 5 years old, with a minimum of 160 hours in each sub-age group.
- ☐ I have completed my professional portfolio within the last six months and according to Council requirements.

My *CDA Professional Portfolio*, includes:

- ☐ Majority of *Family Questionnaires* distributed were collected
- ☐ Six *Reflective Competency Statements* were written
- ☐ All of the required *Resource Collection* items
- ☐ One *Professional Philosophy Statement* was written
- ☐ **For Infant-Toddler and Birth to Five candidates only:** met all additional requirements
- ☐ 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: _____

G. My CDA Professional Development (PD) Specialist™

In order to complete the CDA credentialing process, candidates must participate in a CDA Verification Visit® during which their *CDA Professional Portfolios* will be reviewed, they will be observed working with children and they will participate in a reflective dialogue with a PD Specialist. **Applications will only be accepted that include a confirmed PD Specialist for each candidate** (please see p. 24 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 they have 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.

H. Optional Demographic Data

Individual data provided below 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 ☐ Non-Binary/Third Gender
☐ Prefer to Self-Describe (please specify)

☐ Prefer not to say

Race

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American

- ☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Prefer to self-describe (Please specify)

☐ Prefer not to say

Highest Level of Education

- ☐ High School degree or equivalent (e.g., GED)
☐ Trade School
☐ Some college but no degree
☐ Associate degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Ph. D or higher

I. Director's Permission Statement **To be completed by the center/program director. Please print legibly.**

The center/program director will attest that the candidate has 480 hours of work experience in a center-based setting, working with children ages birth to 5 years old, with a minimum of 160 hours in each sub-age group.

Full Name: _____ Email address: _____

Center or Family Child Care Program

Center/Program Name: _____

Center Address: _____

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

Is your center/program licensed or does it meet state requirements? ☐ Yes ☐ No **NOTE: CDA Verification Visits® cannot take place at centers that are not licensed or do not meet state requirements.**
If no, is the center or program exempt from licensing? ☐ Yes ☐ No

Director Statement

I understand that a CDA Professional Development (PD) Specialist™ will conduct a CDA 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 verify that the candidate has completed at least 480 hours of experience within the past three (3) years, working with children in the same setting and age group as the credential type they are applying for.
- ☐ 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 50-60 minutes of time during which the candidate will be away from their 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 they move through the CDA® credentialing process.

Signature: _____ Date: _____