

## **Application for eCDA (online version of the CDA course) Credential Training Program**

We are so excited to be offering our very first [online professional development opportunity!](#) In response to your requests, the Child Care Council is very excited to be the first organization in New York State, in partnership with Teaching Strategies to offer eCDA. Teaching Strategies is a nationally recognized organization that specializes in publishing early childhood materials. eCDA is an online CDA program which was created with early childhood educators in mind. It is a great tool for staff who work in childcare programs full time. The eCDA is the newest form of distance learning with many interactive modules. Our model will be a hybrid version of the CDA that will include technical support from Master's level professionals who will be conducting the in person portion of the eCDA on a monthly basis.

### **Eligibility Requirements for 2009-2010 eCDA Program:**

1. Applicant for this training program must be at least 18 years of age.
2. Applicant must have a high school diploma or GED.
3. Applicant must have been working with children for at least 1 year in a licensed child care program.
4. Applicant must be able to speak, read and write in English fluently enough to fulfill the responsibilities of the eCDA candidate.

### **Applicant commits to:**

1. Completing all modules of the eCDA within allotted timeframe.
2. Attending all monthly, in person seminars on dates to be determined and submitting all class assignments typed, double-spaced and on time.
3. Abiding by the NAEYC Code of Ethical Conduct and Statement of Commitment. (<http://208.118.177.216/about/positions/pdf/PSETH05.pdf>)
4. A program observation by a CDA Advisor.
5. Submitting the eCDA assessment application and portfolio to the Council for Professional Recognition.
6. A formal written and oral review by a CDA Council Representative in 2010.

### **All COMPLETED applications must include the following:**

- Payment of \$1825 (payment plans may be available)
- Copy of High School diploma or GED
- Writing sample
- Letter of recommendation from center Director or current parent

**Incomplete applications will not be considered.**

**Mail completed application to:**  
Janine C. Duke, Assistant Director, Professional Development

Child Care Council of Westchester  
313 Central Park Avenue  
Scarsdale, New York 10583  
**Or Fax to:** (914) 761-1957 (Attention: Janine C. Duke)

**Questions?** Contact Janine C. Duke  
(914) 761-3456 Ext. 219, [janined@cccwny.org](mailto:janined@cccwny.org)

**Part I: Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include your city/town, state and zip code)*

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Education beyond High School: \_\_\_\_\_

**Employed as a:** \_\_\_\_\_ Family Child Care \_\_\_\_\_ Group Family Child Care \_\_\_\_\_ Center

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Current Position or Title: \_\_\_\_\_

\_\_\_\_\_ Years employed in current program. Years working with young children \_\_\_\_\_

\_\_\_\_\_ # of Preschool slots in program

Which eCDA course would you like to enroll in? \_\_\_infant/toddler \_\_\_preschool

**Part II: Payment**

**A. Payment of \$1825 is required upon acceptance either by credit card, check or EIP funding.**

**\* REGISTRATION WILL NOT BE COMPLETE UNLESS AN EIP AWARD LETTER IS RECEIVED BY THE COUNCIL.**

**B. Written Consent for EIP correspondence:**

*If you are applying/have applied for EIP in connection with this course, it is essential that you stay in contact with EIP personnel to keep track of your application's status. In order to facilitate this process, we ask that you sign the below statement giving The Child Care Council of Westchester permission to check on the status of your EIP application and to advocate in any way deemed necessary and within legal bounds on your behalf. We will not be able to obtain information from EIP personnel without your consent.*

I, \_\_\_\_\_, have applied for an EIP scholarship for the eCDA course sponsored by the Child Care Council of Westchester, Inc. (The Council). The course dates are from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_. My signature at the end of this statement signifies my consent for The Council to contact EIP on my behalf and to obtain information regarding the status of my EIP application in connection to the above course. This consent will cover only that information which is relevant to my obtaining scholarship funds for the eCDA course mentioned above and will be in effect only up to the time that I receive a final disposition from EIP on my application.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

**Part III: Copy of High School Diploma or GED (Please attach)**

**Part IV: Letter of Recommendation (This letter must be attached to application.)**

If applicant is an **employee** in a Center or FCC/GFCC program the recommendation should be completed and signed by the Center or FCC/GFCC Director. If applicant is the **owner/Director** of a FCC/GFCC program, the recommendation should be completed and signed by a parent whose child is currently in the applicant’s care.

(If more space is needed, please attach necessary sheets to the application.)

*The applicant is applying for the eCDA Credential Training Program provided by the Child Care Council of Westchester. This training program is designed to lead to the CDA. We appreciate your assistance to the applicant’s pursuit and completion of professional training in providing quality care for children.*

I recommend \_\_\_\_\_ as an applicant for the eCDA Credential Training Program offered by the Child Care Council of Westchester and agree to monitor and support his/her attendance and participation throughout the course.

I have known this individual for \_\_\_\_\_ years.

I believe \_\_\_\_\_ will benefit from this training program because of the following abilities and qualities I have observed:

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If further information is required, I can be contacted at:

\_\_\_\_\_  
Name of Center **or** FCC/GFCC Program

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail (if applicable)

\_\_\_\_\_  
Director’s **or** Parent’s Signature

\_\_\_\_\_  
Cell # (if applicable)

\_\_\_\_\_  
Date

### Part V: eCDA Advisor Statement

*If you are a Center or FCC/GFCC Director and are agreeing to serve as the applicant's eCDA Advisor, please complete this section.*

I am willing to be the applicants' eCDA Advisor and provide the required classroom observations. Yes No (please circle one)

If further information is required, I can be contacted at:

\_\_\_\_\_  
Center or FCC/GFCC Program

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Date

### Part VI: Writing Sample Question (Please attach)

On a separate sheet of paper, attach to this application a typewritten, double-spaced 100-word essay that answers the following question:

“How will an eCDA Credential help you provide quality care for the infants/toddlers or preschoolers (choose one) in your program?”

My completed application includes the following:

- \_\_\_\_\_ Part I Application Information
- \_\_\_\_\_ Part II EIP statement of consent
- \_\_\_\_\_ Part III Copy of High School Diploma or GED attached
- \_\_\_\_\_ Part IV Letter of recommendation from center or FCC/GFCC director
- \_\_\_\_\_ Part V eCDA Advisor Statement
- \_\_\_\_\_ Part VI Writing sample attached

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### For Council Use Only:

IT Code: \_\_\_\_\_ Preschool Code: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Application Complete: Part I ( ) II ( ) III ( ) IV ( ) V ( ) VI ( )

1st Read by: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Read by: \_\_\_\_\_ Date: \_\_\_\_\_