

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 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://www.naeyc.org/files/naeyc/file/positions/PSETH05.pdf>
4. A program observation by a CDA Advisor.
5. Submitting the CDA assessment application and portfolio to the Council for Professional Recognition.
6. A formal written and oral review by a CDA Council Representative.

All COMPLETED applications must include the following:

- Payment of \$1200 (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, Professional Development Specialist

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

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 CDA credential do you plan to apply for? Please note that you can only choose **one**.

___ infant/toddler

___ preschool

___ family child care

Part II: Payment

A. Payment of \$1200 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. Please note that even with this signed consent, EIP may still choose NOT to release your information to the Council.

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 V: CDA Advisor Statement

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

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

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

_____	_____	_____
Center <u>or</u> 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 a CDA 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 CDA 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: _____

2nd Read by: _____ Date: _____