

Please complete a separate
Section 3 form for each training.

Applicant Social Security Number:

- -

Section 3 Child Development Associate Information

Complete all fields.

Which type of CDA fee are you applying for?

☐

CDA Training

☐

Assessment

☐

Renewal Fee

Name of Training Organization:

Training Organization/College Zip Code:

Trainer Information

Trainer Aspire ID#:
(if known)

Trainer First Name:

Trainer Last Name:

Training Information

☐

Classroom/virtual Classroom

☐

Online/Distance Learning

Title of Training/Activity:

Training Start Date:

/ /

Number of Training Hours:

Training End Date:

/ /



If the training end date has already passed, proof of completion must be submitted with this application.

Total Cost of Training: \$

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Total Cost of CDA Assessment or Renewal:

\$.

Section 4 CDA Agreement

Please read this carefully.

I attest the information on this application is true. I attest I have 240 hours of experience working with children. I will provide additional documentation as requested. I will refund EIP for all training or activities I do not attend or complete, or if it is verified that my eligibility was fraudulently documented. I understand that EIP scholarships may be considered taxable income. EIP reserves the right to seek additional verification that the tax forms are accurate and authentic. I agree to provide successful proof of completion for the activity listed on this application upon request. I understand that if I do not submit proof of completion I will not be eligible for future EIP scholarships until the required documentation is received by EIP.

I understand that I must meet the following CDA eligibility criteria prior to applying for the CDA Assessment: I will hold a high school diploma or GED or be enrolled in a high school career and technical education program; Have 480 hours of professional experience working with children within the past three years; Have completed 120 hours of child care training; and completed all of the requirements of the CDA Professional Portfolio. For a complete list of current requirements go to www.cdacouncil.org.

Your original signature indicates you have read, understood and agree to the statements above.

Applicant's Signature: _____

Date: _____

Please print name: _____



Did You...

Incomplete applications will not be considered received and will not be processed.

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complete sections 1, 2 and 3?

☐

attach all required documents?

☐

read, sign and date the agreement?

☐

mail the application by the appropriate deadline?

EIP does not accept faxed applications.

EIP is not responsible for lost or stolen mail.

Online applications are also available at:
www.ecetp.pdp.albany.edu

Mail your completed application and supporting documentation together to:

Professional Development Program
Educational Incentive Program
4 Tower Place, 4th Floor
Albany, NY 12203

Questions? Visit: www.ecetp.pdp.albany.edu

e-mail: eip@albany.edu

or call: 800-295-9616