Directions: Please check off ONE answer for each question unless directed otherwise. When asked to provide numbers, please write individual numbers in the boxes provided.

1) Work Zip Code

2) County of Employment

3) For how many years have you been a child care provider? Round to the nearest year, e.g., 2.5 years would be 3 years.

4) What is your highest level of completed education?
   - [ ] Grades 1-11 (Go to #5.)
   - [ ] High School Diploma/High School Equivalency (Go to #5.)
   - [ ] Some College (Go to #4a.)
   - [ ] Associate’s Degree (Go to #4b.)
   - [ ] Bachelor’s Degree (Go to #4b.)
   - [ ] Master’s Degree or higher (Go to #4b.)

4a) How many credits have you completed? (Go to #5.)

4b) Did you receive your degree in the past 12 months?
   - [ ] Yes
   - [ ] No

5) In what type of child care setting do you work?
   - [ ] Family Day Care
   - [ ] Group Family Day Care
   - [ ] School Age Child Care
   - [ ] Day Care Center
   - [ ] Head Start Program
   - [ ] Legally Exempt
   - [ ] Other (Please fill in below.)

6) What is your current job title?
   - [ ] Director
   - [ ] Assistant Director
   - [ ] Day Care Provider
   - [ ] Day Care Assistant
   - [ ] Day Care Substitute
   - [ ] Head or Lead Teacher
   - [ ] Assistant Teacher
   - [ ] Aide
   - [ ] UPK (Universal Pre-K) Teacher
   - [ ] Other (Please fill in below.)

7) What is your PRIMARY language? (the one you speak most of the time)
   - [ ] English
   - [ ] Spanish
   - [ ] Chinese
   - [ ] Russian
   - [ ] Haitian Creole
   - [ ] Korean
   - [ ] Italian
   - [ ] Other (Please fill in below.)

8) What is your age?
   - [ ] Less than 18 years
   - [ ] 18-24 years
   - [ ] 25-34 years
   - [ ] 35-44 years
   - [ ] 45-54 years
   - [ ] 55-64 years
   - [ ] 65 years or more
   - [ ] Prefer not to answer

9) Do you have a CDA (Child Development Associate) credential or other early childhood certificate or credential?
   - [ ] Yes (Go to #9a.)
   - [ ] No

9a) If Yes, which early childhood credential(s) do you have?
   - [ ] Child Development Associate (CDA)
   - [ ] Family Child Care Accreditation (FCCA)
   - [ ] New York State School Age Child Care Credential (SACC)
   - [ ] New York State Infant/Toddler Credential (NYS ITC)
   - [ ] Children’s Program Administrator Credential (CPAC)
   - [ ] Other

THANK YOU FOR COMPLETING THIS SURVEY!
Section 1  Applicant Information

Complete all fields.

First Name: ____________________________ Last Name: ____________________________
Mailing Address: ____________________________ Apt. #: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
County of Residence: ____________________________ Home Phone: ____________________________
Email address: ____________________________
Job Title: ____________________________

Do you currently hold a permanent/professional teacher certification? 
☐ Yes ☐ No
Are you a U.S. Citizen, Permanent Alien or Resident Alien authorized to work in the U.S.? 
☐ Yes ☐ No
Are you currently providing care for children as part of the regulated adult/child ratio for this program or directly supervising someone who is?
☐ Yes ☐ No

☐ I submitted my most recent Federal Income Tax Return (1040). 
Either 2018 Form 1040 (before 4/15/20) or 2019 Form 1040 (on or after 4/15/20)

Section 2  Child Care Employment Information

Complete all fields.

Name of Child Care Employer: ____________________________
Child Care Facility / Work Address: ____________________________ Suite/Room #: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Program County/Borough: ____________________________ Work Phone: ____________________________
Child Care Program Operating Permit/License #: ____________________________ Permit/License Expiration Date: ____________________________
Child Care Program 
☐ Family Day Care ☐ Group Family Day Care ☐ Day Care Center/Head Start ☐ School Age Child Care
Did you attach Proof of Employment? 
☐ Yes ☐ No
Section 3  Training Information

Complete all fields.

![Delivery Type:](image)

Select Delivery Type AND Training Type

- [ ] Classroom
- [ ] Distance Learning/Online Training
- [ ] Coaching

![Training Type:](image)

- [ ] Training/Conference/Workshop
- [ ] Training leading to a Credential
- [ ] Credential/Assessment Fee
- [ ] College Credit
- [ ] Coaching
- [ ] CPR/First Aid

**Do not complete this application for CDA activities, use the separate CDA application.**

Name of College/Training Organization:

Title of Training:

Training Start Date: [ ] [ ] [ ]

Training End Date: [ ] [ ] [ ]

Total Cost of Training: $[ ] [ ] [ ]

Number of College Credits or Training Hours:

Trainer First Name: [ ] [ ] [ ] [ ]

Trainer Last Name: [ ] [ ] [ ] [ ]

Trainer Aspire ID#: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(If known)

Section 4  EIP Agreement

Please read this carefully.

- The information on this application is true.
- I will provide the additional documentation requested to support the information on the application.
- EIP reserves the right to seek additional verification that the tax forms submitted are accurate and authentic.
- I will return all unused EIP awards within 60 days of the training start date or award issue date.
- I am responsible for tuition and costs not covered by EIP.
- I will pay EIP back for all training I do not attend or successfully complete or if it is verified that my eligibility was fraudulently documented.
- I will inform EIP if other scholarships, grants or financial aid pays for my course(s)/training(s).
- I understand EIP scholarships may be considered taxable income. I will follow all federal, state and local requirements regarding reporting and payment of taxes.
- I must provide proof of successful completion for the training above.
- I understand if I do not submit proof of completion, I will not be eligible for future EIP awards until required documentation is received by EIP.
- The information on this application is true.
- I will provide the additional documentation requested to support the information on the application.
- EIP reserves the right to seek additional verification that the tax forms submitted are accurate and authentic.
- I will return all unused EIP awards within 60 days of the training start date or award issue date.
- I am responsible for tuition and costs not covered by EIP.
- I will pay EIP back for all training I do not attend or successfully complete or if it is verified that my eligibility was fraudulently documented.

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

Applicant's Signature: ___________________________ Date: __________

Please print name: ____________________________________________

**Did You...**

- 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