



**FOR OFFICE USE ONLY:**  
 PDS # \_\_\_\_\_  
 NACCRRRA ID # \_\_\_\_\_

**Check One:** \_\_\_\_\_ **40-Hour** \_\_\_\_\_ **120-Hour**

**Check One:** \_\_\_\_\_ **Infant/Toddler** \_\_\_\_\_ **Preschool**

<b>CHILD DEVELOPMENT ASSOCIATE APPLICATION</b>			
<b>APPLICANT INFORMATION</b>			
Name:			
Date of Birth:	Gender:	Race:	
Home Mailing Address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	County:	
Hometown Newspaper:			
<b>EMPLOYMENT INFORMATION</b>			
Mark all that apply: <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Director Designee <input type="checkbox"/> Assistant Director <input type="checkbox"/> Teacher/Caregiver <input type="checkbox"/> Other (please specify) _____			
How long have you served in this position?: _____ Years _____ Months			
Center Name and Mailing Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Center License #	
E-mail:			
<b>TYPE OF CENTER</b>			
Is your center...? <input type="checkbox"/> For-Profit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Church-Sponsored <input type="checkbox"/> Corporate <input type="checkbox"/> Franchise/Chain <i>(please mark all that apply)</i> <input type="checkbox"/> Head Start <input type="checkbox"/> Privately-Owned <input type="checkbox"/> Service-Organized <input type="checkbox"/> School District <input type="checkbox"/> Other (please specify) _____			
What is your primary source of funding? _____			
Does your center participate in the Mississippi Child Care Quality Improvement Rating System? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mark the ages of the children you serve: <input type="checkbox"/> Infants (0-11months) <input type="checkbox"/> Toddlers (12-23 months) <input type="checkbox"/> Preschoolers (2-4 years) <input type="checkbox"/> School Ageds (5-12 years)			
<b>EDUCATIONAL BACKGROUND</b>			
Degree	Year Completed	School/Institution	Major
High School Diploma/GED			
CDA Credential			
Associate Degree			
Bachelor Degree			
Graduate Level: <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.			
Other			

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CHILD DEVELOPMENT ASSOCIATE CREDENTIAL APPLICATION, continued

Earning your Child Development Associate Credential will help you develop the knowledge and skills needed to provide the highest quality care for the children and families you serve. This accomplishment demonstrates your competency through both experience and education in working with young children ages 0-five years.

The requirements are outlined below and as a participant, you agree to the following *(please initial each item indicating you understand the requirement)*:

1. \_\_\_\_ I must have at least a high school diploma or GED and no college degree to be accepted into the program and will submit a copy of the high school diploma or GED certificate.
2. \_\_\_\_ I understand that I must remain at the child care center for a minimum of three years or I must repay the scholarship and incentives awarded to me.
3. \_\_\_\_ I must be 18 years of age or older.
4. \_\_\_\_ I must be currently employed or volunteer by a licensed child care facility to be accepted into the program.
5. \_\_\_\_ I will complete the modules, readings, and assignments in a timely manner as assigned by my mentor.
6. \_\_\_\_ I understand that I must have at least a 70% pass rate on the assignments and tests in order to receive the credential.
7. \_\_\_\_ I have a working e-mail account.
8. \_\_\_\_ I will mail a copy of my certificates and credential to my mentor *(write mentor's name in blank )* \_\_\_\_\_ to be placed in my file.

My signature verifies that all the above information is true, accurate and current in all respects and I am qualified to enroll. I understand that to earn the Child Development Associate Credential, I must complete the 120-hour course and have at least a 70% pass rate on the assignments and tests.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_

*MSCCR&R Investigator will sign once Participant has been accepted into the program.*

## SUPERVISOR ACKNOWLEDGEMENT OF SUPPORT

**To be completed by candidate's supervisor:**

I support this candidate's application to the MSCCR&R CDA Scholarship program and will allow representatives of the program and the Council for Professional Recognition to observe and interview this employee at mutually agreed upon times and locations. I will allow this candidate to complete all lab assignments that are a part of this program.

Candidate Name: \_\_\_\_\_  
*(Please print)*

Place of employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_  
*(Please print)*

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CANDIDATE COMPUTER SKILLS

Candidate: Please tell us about your computer skills:

\_\_\_ **E-mail**   Beginner   Experienced   Would like assistance

\_\_\_ **Microsoft Office Word**   Beginner   Experienced   Would like assistance

\_\_\_ **Internet Use**   Beginner   Experienced   Would like assistance

Other Computer Skills (please list): \_\_\_\_\_

\_\_\_\_\_

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## **CANDIDATE APPLICATION AUTOBIOGRAPHICAL SKETCH**

Candidate: Please use the space below to write in 150 words or less a brief autobiographical sketch including your learning style, goals, strengths and weaknesses, and talents (attach more paper or use back if needed).

## **CANDIDATE APPLICATION SCHOLARSHIP ESSAY**

Candidate: Please explain in 250 words or less why you should be awarded the MSCCR&R CDA Scholarship (attach more paper or use back if needed).

## CANDIDATE CHECK LIST

- Did you check if you're seeking a 40-hour, 120-Hour or Renewal CDA? (p. 1)
- Did you enter your working e-mail address (page 1)?
- Did you enter your employer's center license number (page 1)?
- Did your center supervisor sign the acknowledgement (page 3)?
- Did you sign all the required pages (p. 2 of application, Informed Consent Letter, Model Release)?

### Did you include in the envelope?

- Application (p. 1-5)
- Informed Consent Letter
- Copy of high school, diploma, GED certificate or college transcripts
- Model Release

**Please make sure your application is complete. Incomplete applications will be returned and may prevent the award of a scholarship or participation in the current training.**

### Mail the application to:

Mrs. Adrienne Mercer  
CDA Coordinator  
MSCCR&R Network  
Box 9745  
Mississippi State, MS 39762

### For more information or questions concerning your application, contact Adrienne:

Office: 662-325-5122  
Toll-Free: 866-706-8827  
Fax: 662-325-1805  
E-mail: [amercer@ext.msstate.edu](mailto:amercer@ext.msstate.edu)

**Provided by the Mississippi Child Care Resource & Referral Network  
and funded by the**

**Division of Early Childhood Care and Development, Mississippi Department of Human Services.**

[www.childcaremississippi.org](http://www.childcaremississippi.org)

866-706-8827

[www.mdhs.state.ms.us](http://www.mdhs.state.ms.us)

Discrimination based upon race, color, religion, sex, national origin, age, disability, or veteran's status is a violation of federal and state law and Mississippi State University policy and will not be tolerated. Discrimination based upon sexual orientation or group affiliation is a violation of MSU policy and will not be tolerated.

MSCCR&R F102 09/2012