



## 2015 Application for eCDA™ Online Credential Training Program

The Child Care Council is pleased to be offering this online professional development opportunity! The Child Care Council offers the eCDA 120-hour preparation course in partnership with Teaching Strategies, a nationally recognized organization specializing in early childhood materials. The eCDA™ is the newest form of interactive distance learning designed for staff who work in childcare programs. The course is a hybrid version that includes technical support from Master's level instructors who support your course work and assist you in writing the required Professional Portfolio. The course has rolling start dates.

### Eligibility Requirements for 2015 eCDA™ Program:

- Be at least 18 years of age
- Have a high school diploma or GED
- Have 480 hours of experience working with young children in a licensed in the last three years
- Currently employed in a licensed child care center or family/group family program
- Be able to speak, read, and write in English fluently enough to fulfill the responsibilities of a CDA candidate
- For the online course, have the computer skills to download assignments, complete the assignments, and email them to the instructor as an attachment

### Applicant commits to:

1. Complete all modules and homework assignments of the eCDA™ within 8 months
2. Work with the eCDA™ consultant to complete the Professional Portfolio in a timely fashion
3. Abide by the NAEYC Code of Ethical Conduct and Statement of Commitment. (<http://208.118.177.216/about/positions/pdf/PSETH05.pdf>)
4. Submit the CDA assessment application to the Council for Professional Recognition after completing the eCDA™ course
5. Work with a Child Care Council Quality Improvement Specialist on a quality improvement project over 3 visits. The specialist will be available for a longer period of time if the applicant and program choose to do this.

### All COMPLETED applications must include the following:

- Payment Information Plan for the \$1500 course fee (Financial assistance may be available from EIP. Payment plans are available from the Child Care Council.)
- Copy of High School diploma or GED
- Written essay
- Letter of recommendation from center Director or Program Operator

**Questions?** Contact Idie Benjamin, Director, Professional Development  
(914) 761-3456 Ext. 108 or [idieb@cccwny.org](mailto:idieb@cccwny.org)



**Application for 2015 Child Care Council of Westchester  
Online eCDA Credential Training Course**

Incomplete applications will not be considered.

**Part 1:**

**Applicant Information**

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

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

Home Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Employment Information:**

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

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

Program Phone #: \_\_\_\_\_ Program Fax #: \_\_\_\_\_

Program Email: \_\_\_\_\_

Name of director or owner: \_\_\_\_\_

Program's OCFS License Number: \_\_\_\_\_

Child Care Center       Group Family       Family

Number of enrolled children who receive subsidies \_\_\_\_\_

Your Current Position Title: \_\_\_\_\_

Years employed in current program: \_\_\_\_\_ Years working with children ages 0-5:: \_\_\_\_\_

Which CDA credential do you plan to apply for?

(Please note that you must complete the requirements for one credential at a time.)

\_\_\_ infant/toddler      \_\_\_ preschool      \_\_\_ family child care

**Part 2: Payment Information Plan**

**Payment of \$1500 is required to begin the course. Payment can be made by credit card, check, or EIP funding. An EIP award letter must be given to the Council to begin. Payment plans are available from the Child Care Council. (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.)**

You can pay in several ways:

- Payment by yourself all or part of the amount
- EIP for all or part of the amount
- Employer contribution for all or part of the amount
- QUALITYstars scholars scholarship for all or part of the amount
- Combinations of the above

I will be paying for the eCDA:

- Payment by myself for \$ \_\_\_\_\_
- EIP for \$ \_\_\_\_\_
- Employer contribution for \$ \_\_\_\_\_
- QUALITY Stars Scholar scholarship for \$ \_\_\_\_\_

*I understand that I am responsible for the \$1500 fee and must remain current with my payments in order to continue in the course. I understand that I will not be able to complete the course and/or receive a course completion certificate until the course fee is paid in full.*

*I have read and agree to the terms described above.*

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have applied for an EIP scholarship for the eCDA™ course sponsored by the Child Care Council of Westchester, Inc. (The Council). I understand that it is my responsibility to check on the progress of my application. It is also my responsibility to submit the original EIP award certificate to the Child Care Council. I understand that if I do not complete the CDA course and have received EIP funds, that I must refund to EIP the full amount of the scholarship.

I have read and agree to the terms described above.

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part 3 (a): Letter of Recommendation from Center Director/Program Owner**

***Use this page if you are an employee of a Child Care Center or Family/Group Family Program***

Using a separate sheet of paper, please attach to this application a typewritten, double-spaced recommendation that answers the following question:

*The applicant below is applying for the Child Care Council of Westchester's CDA Credential Training Program, designed to lead to the Child Development Associate Credential. Thank you for supporting the applicant's pursuit and completion of this professional development opportunity.*

*Please tell us why you believe that this person will benefit from this class. What abilities and qualities have you observed that make this person a good candidate to become a CDA?*

I recommend \_\_\_\_\_ as an applicant for the online eCDA Course offered by the Child Care Council of Westchester.

I have supervised this individual for the past \_\_\_\_\_ years.

I agree to monitor and support the above applicant's attendance and participation throughout the course. Yes No

I agree to allow a Child Care Council Quality Improvement Specialist on to work with the applicant on a quality improvement project that will involve 3 visits by the Specialist to my program. I understand that the Specialist will be available to work for a longer period of time if the applicant and I choose to do this. Yes No

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

\_\_\_\_\_  
Program name

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

\_\_\_\_\_  
E-mail address of person writing the letter of recommendation

\_\_\_\_\_  
Director's/Owner's Name

\_\_\_\_\_  
Director's/Provider's Signature

\_\_\_\_\_  
Date

(The letter of recommendation must be attached to application.)



**Part 4: Copy of High School Diploma or GED (Please attach)3**

**Part 5: 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 questions:

*“Why are you interested in taking the CDA course? How will a CDA Credential help you provide quality care for the infants/toddlers, preschoolers, and both ages groups (choose one) in your program?”*

My completed application includes the following:

- \_\_\_\_\_ Part 1: Applicant Information
- \_\_\_\_\_ Part 2: Payment Information
- \_\_\_\_\_ Part 3: Letter of recommendation
- \_\_\_\_\_ Part 4: Copy of High School Diploma or GED attached
- \_\_\_\_\_ Part 5: Writing sample attached

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

\_\_\_\_\_  
Date

*I understand that I am responsible for completing the eCDA™ course in 8 months. This includes the modules, homework assignments, and the Professional Portfolio. I understand that if I do not complete the eCDA™ course in a timely fashion that I can be removed from the course and that there may be an additional fee should I decide to complete the course.*

*I have read and agree to these terms.*

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail completed application to:**

Idie Benjamin, Director, Professional Development  
Child Care Council of Westchester  
313 Central Park Avenue  
Scarsdale, New York 10583  
**Or Fax to: (914) 761-1957**

**For Council Use Only:**

Date Application Received: \_\_\_\_\_  
Application Complete: Part I ( ) II ( ) III ( ) IV ( ) V ( ) VI ( )  
Read by: \_\_\_\_\_ Date: \_\_\_\_\_