



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 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.

Eligibility Requirements for 2014 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 setting in the last three years
- Currently employed in a licensed child care center or family/group family
- 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, be able to do the assignments, and to send them back to the instructor by attaching them in an email

Applicant commits to:

1. Completing all modules and homework assignments of the eCDA™ within 7 months
2. Working with the eCDA™ consultant to complete the Professional Portfolio
3. Abiding by the NAEYC Code of Ethical Conduct and Statement of Commitment. (<http://208.118.177.216/about/positions/pdf/PSETH05.pdf>)
4. Submitting the CDA assessment application to the Council for Professional Recognition after completing the eCDA™ course

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
- Writing sample
- Letter of recommendation from center Director or current parent

Questions? Contact Idie Benjamin
(914) 761-3456 Ext. 108, idieb@cccwny.org

eCDA™ Application

Incomplete applications will not be considered.

Part 1: Applicant Information

Name: _____

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

Home Phone #: _____ Cell phone #: _____

E-mail: _____

Education beyond High School: _____

Employment Information:

Current Program Name: _____

Name of Director or Owner: _____

Program's OCFS License Number: _____

Child Care Center

Group Family

Family

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

Phone #: _____ Fax #: _____

Email: _____

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.

The following information is an outline how you will be paying for the eCDA™ course.

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 understand that I am responsible for the \$1500 fee for the eCDA course.

I will be paying for it:

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

Please note that all students need to remain current with their payments in order to continue in the course.

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.

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 give the original EIP award certificate. I understand that if I do not complete the CDA course for which EIP pays, 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

Council Staff Signature

Date

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 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 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 7 months. This includes the modules, homework assignments, and the Professional Portfolio. I understand that if I do not complete the eCDA™ course in timely fashion that there may be an additional fee.

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 (Attention: Idie Benjamin)

For Council Use Only:

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