



To: Early Learning Center Personnel
From: Louisiana Pathways Scholarship Department
Re: **CDA Credential Assessment Fee Scholarships**

Thank you for your interest in the CDA Credential Assessment Fee Scholarship. It is the intent of the Louisiana Pathways Early Learning Center Career Development System Scholarship Program to promote the Child Development Associate (CDA) credential as a meaningful and valid level of training, education, and experience that demonstrates competency as an early care and education practitioner.

Scholarships in the amount of \$425.00 will be paid directly to the Council for Professional Recognition for early childhood personnel working in Louisiana Type III licensed early learning centers (Director, Assistant Director, Lead Teacher, or Assistant Teacher at least 16 hours a week) or registered Family Child Care Home providers (must currently be approved to accept CCAP) based upon the following criteria:

Enrollment along with active participation in the Louisiana Pathways Early Learning Center Career Development System.

Completion of the CDA requirements as stated by the Council for Professional Recognition: www.cdacouncil.org.

Completion of the CDA Credential Assessment Fee Scholarship application

CDA obtained with scholarship must meet requirements to obtain an Early Childhood Ancillary Certificate.

High school juniors and seniors enrolled in BESE approved ECAC programs are also eligible as long as their 480 hours of work experience are earned by volunteering in a Type III, star rated Early Learning Center or laboratory school and their 120 hours of child development training are earned while participating in the ECAC program.

To complete the scholarship application process, return the enclosed **Scholarship Application Form, CDA Credential Application Checklist** (completed and signed by your director, instructor, or CDA mentor), and **BESE approved ECAC program transcript or Summary of Training Hours form verifying the completion of at least 120 clock hours** (must have at least 10 hours in each of the 8 CDA subject areas).

We will notify you as soon as possible by after reviewing your application. **Wait for a response from Louisiana Pathways before officially applying for your CDA Credential with the Council for Professional Recognition.** The scholarship award letter will include instructions on how to do so.

Thank you for your commitment to high quality early child care and education in Louisiana. For additional assistance, please feel free to call (318) 677-3147 or (800) 245-8925.



Child Development Associate (CDA) Credential Assessment Fee Scholarship Application

***Please print all information clearly, preferably in blue ink:

Name _____

Mailing Address _____

City/State/Zip _____ Parish _____

Phone (Daytime #) _____ (Evening #) _____

Last 4 digits of Social Security # ____ ____ ____ ____ Date of Birth ____ ____ ____

Email Address _____

1) Is this your first time applying for any Louisiana Pathways scholarship? Yes or No

2) Have you previously applied for a CDA with the CDA Council? Yes or No

If yes, did you earn a CDA? Yes or No (if yes, send a copy of your most current credential)

3) I am currently applying for the following Credential Type Setting:

- Infant/Toddler (Birth to 36 months)
- Preschool (3 to 5 years)
- Family Child Care (Birth to 5 years)

4) Employment Information:

Name of Program _____

License # _____ License Type: I, II, III (please circle)

Address _____

City/State/Zip _____

Telephone # _____

Fax # _____

What is your job position / title? _____

How long have you worked in the early childhood field? _____

5) **Type of Program:** (check all that apply)

- Family Child Care Home
 - Full-day, Child Care Center
 - Part-day Preschool
 - Head Start
 - Early Head Start
 - High school student enrolled in BESE approved ECAC program
 - Pre-K–Grade 3 (public or private school)
 - School-age Child Care Program
 - Seeking Employment
 - Administrator
 - Other child/family service agency (specify) _____
- *name of HS/vocational program _____
- *name of Child Care Center or lab school where work experience was earned with phone # _____
- name of the center director _____

6) **Director's Full Name:** _____

Director's Email address: _____

7) **Full Name of PD Specialist who has agreed to do your verification visit:** _____

PD Specialist ID#: _____

8) **Contact information for the individual who assisted you with the CDA application process and signed your checklist (example: your Director, Instructor, Technical Assistant, or CDA mentor)**

Name _____ **Daytime Phone** _____

Agency _____

I hereby apply for a CDA Credential Assessment Fee Scholarship. All requirements have been met and I am ready to submit my CDA Credential Application online to the Council for Professional Recognition. The information on this application is accurate to the best of my knowledge. I agree to participate in a written or verbal evaluation of my scholarship experience.

Applicant's Signature _____
Date

Return the Scholarship Application, along with the CDA Credential Application Checklist, and BESE approved ECAC program transcript **or** Summary of Training Hours form verifying the completion of at least 120 clock hours of training to:

Louisiana Pathways - Scholarship Department
1800 Warrington Place
Shreveport, LA 71101

(Faxed copies **will not** be accepted)

Please keep a copy of your scholarship application for your records.

If you need additional information call:
(318) 677-3147 or (800) 245-8925

CDA Credential Application Checklist

(To be completed by the applicant's director, instructor, technical assistant, or CDA mentor)

- _____ Applicant has purchased a setting-specific **Competency Standards** book (these replace application packets).
- _____ Applicant has a minimum of a high school diploma/GED or enrolled in a high school career and technical education program.
- _____ Applicant has a current certificate of completion or card from a) any first aid course **and** b) an Infant/child (pediatric) CPR course.
- _____ Applicant has completed 120 clock hours of training with at least 10 hours or more in each of the 8 CDA subject areas.
- _____ Applicant has successfully completed a (BESE) approved ECAC program or has documentation of completing at least 37 hours of CDA training prior to July 1, 2018 in their portfolio.
- _____ Applicant has 480 hours of experience (within 3 years before application).
- _____ Professional Portfolio completed by the Candidate (within 6 months before application).

Date Completed: _____

- _____ Family Questionnaires gathered by the Candidate (within 6 months before application).

Date Completed: _____ **Number Collected:** _____

- _____ Applicant **does not** require special accommodations for their CDA exam.

(or)

- _____ Applicant **does** require special accommodations for their CDA exam and their special accommodations request has been reviewed and approved by the Council (include copy of approval).

Please Complete:

I (print name) _____, confirm that _____
has met all requirements and is ready to submit his or her CDA Credential Application.

Advisor's Signature _____ **Date** _____

*** (Applicant) Have this form completed and submit it with your CDA Credential Assessment Fee Scholarship Application. Be sure that you have met all requirements and are ready to apply for your CDA Credential before submitting this form. If you have any questions about requirements, visit the CDA Council's website www.cdacouncil.org or call Louisiana Pathways at (318) 677-3147 or (800) 245-8925.



***For scholarship applicants that do not have documentation of completing a (BESE) approved ECAC Program, this form MUST be submitted to complete your scholarship application.**

SUMMARY OF TRAINING HOURS

Please use this summary form to document your training hours. ***If you do not have a BESE approved training transcript, you must have completed at least 37 hours of CDA training prior to July 1, 2018. You will not be eligible for a CDA Assessment Fee Scholarship and will not meet the qualifying credential requirement for the ECAC application using a CDA if you cannot provide documentation of meeting this requirement.**

Statement of CDA Education Completion:
 I, _____, attest to completing the required 10 hours of education in each of the following CDA Subject Areas.

CDA Subject Area	Number of hours
1. Planning a safe, healthy learning environment	
2. Advancing children’s physical and intellectual development	
3. Supporting children’s social and emotional development	
4. Building productive relationships with families	
5. Managing an effective program	
6. Maintaining a commitment to professionalism	
7. Observing and recording children’s behavior	
8. Understanding principles of child development and learning	

I attest to the accuracy of the above Statements of Completion: that I completed at least 10 clock hours of professional education in each of the 8 CDA Subject Areas, I have met or exceeded 120 clock hours of CDA-related professional education, and I have documentation of completing at least 37 hours of CDA training prior to July 1, 2018.

 Candidate’s Signature

 Date

 Advisor’s Signature

 Date

*Both Signatures are required