



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 \$525.00 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 have valid License #) 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 (completed BESE approved training program or meets training exception).

***Priority will be given to those who submit complete scholarship applications to Pathways within 6 months of completing their BESE approved training program or who meet the training exception. Others will be deferred until end of fiscal year and will only be approved if funding is available at that time.**

High school juniors & seniors enrolled in BESE approved ECAC programs are also eligible if their 480 hours of work experience are earned 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.

Incomplete applications will not be accepted. Must submit: **Scholarship Application** (2 pages), **CDA Credential Application Checklist** (completed and signed by your director, instructor, or CDA mentor), and proof you completed a **BESE approved ECAC training program** (certificate or transcript) **or Summary of Training Hours form** (verifying the completion of at least 120 clock hours) along with proof that you meet the 37 hour training exception.

We will notify you as soon as possible 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.



Child Development Associate (CDA) Credential Assessment Fee Scholarship Application

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

Name _____

Home 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:

- ☐ Birth to Five
- ☐ 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)

- | | |
|---|---|
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> Pre-K–Grade 3 (public or private school) |
| <input type="checkbox"/> Full-day, Child Care Center | <input type="checkbox"/> School-age Child Care Program |
| <input type="checkbox"/> Part-day Preschool | <input type="checkbox"/> Seeking Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Other child/family service agency |
| <input type="checkbox"/> High school student enrolled in BESE approved ECAC program | (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 certificate or transcript or Summary of Training Hours form and proof of 37 hours of CDA training prior to 7/1/18 to:

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

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

If you need additional information call:
(318) 677-3147 or (318) 677-3166

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) _____ Is a High school junior or senior enrolled in a BESE approved ECAC 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 (required to meet training exception, must submit proof with scholarship application).
- _____ Applicant has 480 hours of work experience (*within 3 years of submitting application).
- _____ Professional Portfolio completed by the Candidate (*within 6 months of submitting application to The CDA Council).
- Date Completed:** _____
- _____ Family Questionnaires gathered by the Candidate (*within 6 months of submitting application to The CDA Council).
- Date Completed:** _____ **Number Collected:** _____
- _____ Applicant **does (or) does not** require special accommodations for their CDA exam (must circle appropriate option). *If applicant **does** require special accommodations for their CDA exam, their special accommodations request must have already been reviewed and approved by The CDA Council (must include copy of approval with this checklist).

Please Complete:

I (print name) _____, confirm that _____
(name of advisor) (name of applicant)
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 (318) 677-3166.

***This form is for scholarship applicants that do not have documentation of completing a BESE approved ECAC Training Program but do meet the 37 hour training exception and MUST be submitted to complete the 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 ECAC 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 (must submit proof with scholarship application).

Candidate's Signature

Date

Advisor's Signature

Date

*Both Signatures are required