

Indiana AEYC Self-Paced CDA Training & T.E.A.C.H.  
Early Childhood® Indiana Assessment Application

Dear Indiana Self-Paced CDA Training Applicant:

Thank you for your interest in and applying for the Indiana AEYC Self-Paced CDA Scholarship.

This Self-Paced CDA Training Scholarship is administered by the Indiana Association for the Education of Young Children (INAEYC). The scholarship covers the costs associated with attaining the CDA training. The Self-Paced CDA Training scholarship provides access to an online training site to attain the required 120 hours of training. Indiana AEYC CDA Navigators will provide ongoing guidance to recipients with the preparation of the CDA Professional Portfolio, their preparation for the CDA Exam, and their preparation for the CDA Observation to support each candidate through the CDA Council's credentialing process.

The Self-Paced CDA Training scholarship is aligned with the T.E.A.C.H. Early Childhood® Indiana CDA Assessment scholarship to ensure that your credential fees are supported.

To have your application reviewed and approved in a timely manner, it must be complete. Please ensure everything is included within the application packet including documents and that all pages of the application are completed, reviewed and signed.

You should be proud of your commitment to increase your knowledge and skills, which in turn improves the quality of care the children in your program receive. If you should have any questions regarding the Self-Paced CDA Training scholarship and the application process, please do not hesitate to contact us.

Sincerely,



Pam Richa'rd  
CDA Navigator  
ECPD Department  
[prichard@inaeyc.org](mailto:prichard@inaeyc.org)



Charlotte McCall  
CDA Navigator  
ECPD Department  
[cmccall@inaeyc.org](mailto:cmccall@inaeyc.org)

## **Self-Paced CDA Application Checklists**

### **Indiana Self-Paced CDA Training**

#### **Indiana Self-Paced CDA Training Applicants**

\* I have included the following with my application:

- Completed 7 page Self-Paced CDA Application**
- Verification of Income**  
(Page 3 completed along with 2 consecutive paystubs within 30 days of when you submit the application, OR If a Family Childcare owner, first two pages of 1040 Taxes and Schedule C Tax form)
- Copy of current center/program license with the Office of Early Childhood and Out of School Learning (OECOSL).**
- Copy of your High School Diploma or HSE Certificate**
- Copy of your Indiana driver's license or State Issued ID Card**

Please include everything in one PDF packet and email directly to the Indiana Self-Paced CDA at [selfpacedcdaapps@inaeyc.org](mailto:selfpacedcdaapps@inaeyc.org).

Please do **NOT** send pictures or individual emails for each document.

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**DATE:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth(mm/dd/yyyy):** \_\_\_\_\_ **Gender:**  Male  Female

**Family Structure:**  Married  Single  Other: \_\_\_\_\_ **How many in household:** \_\_\_\_\_ **of those:**

**How many are:** Your Parents: \_\_\_\_\_ Siblings: \_\_\_\_\_ Spouse/Significant Other: \_\_\_\_\_ Children: \_\_\_\_\_ Other: \_\_\_\_\_

**Are you of Hispanic, Latino, or Spanish origin?**

- No  Yes, Cuban
- Yes, Mexican, Mexican American, Chicano  Other Hispanic, Latino, or Spanish
- Yes, Puerto Rican

**Do you consider yourself...?**

- White  Asian Indian  Japanese  Other Asian  Samoan
- Black/African American  Chinese  Korean  Native Hawaiian  Other Pacific Islander
- American Indian/Alaska Native  Filipino  Vietnamese  Guamanian/Chamorro  Other: \_\_\_\_\_

**How did you hear about the Self-Paced CDA Training?**

- Presentation  My Center Director  College  Indiana AEYC Conference
- Mailing  T.E.A.C.H. Recipient  Coach  Indiana AEYC Website
- CCR&R Agency  Workshop  Other: \_\_\_\_\_

**Do you have a desktop computer/laptop/tablet?**  No  Yes

**Do you have internet access?**  No  Yes

**EMPLOYMENT STATUS**

**Date of Hire:** \_\_\_\_\_ **Rate of pay:** \$ \_\_\_\_\_ /hour **Hours worked/week:** \_\_\_\_\_

**How long have you worked in the field of early childhood?**  Less than 1 year  1-5 years  6-10 years  10+ years

**What is your current job title?**

- Teacher  Director  Family Child Care Owner  Early Head Start Home Visitor
- Teacher Assistant  Assistant Director  Other: \_\_\_\_\_

**What age groups do you teach? (please check all that apply)**

- Infants (0-12 Months)  Toddler(13-36 Months)  Preschool (37 Months-PreK)  School Age  Home Visitor

**How many children are in your classroom?** \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO INDIANA AEYC**

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**Educational History:**

- No high school diploma  Associates Degree—Major: \_\_\_\_\_  
 High school diploma/HSE  Bachelors Degree—Major: \_\_\_\_\_  
 CDA Credential—Expiration Date: \_\_\_\_\_  Masters Degree—Major: \_\_\_\_\_

Are you CPR/First Aid Certified?  No  Yes

Current fingerprint/background check on file with OECOSL?  No  Yes

**What best describes your educational goals?**

- Earn a Child Development Associate (CDA) Credential - Indicate specialization:  Preschool  Infant/Toddler  Family Care  
 Earn Early Childhood Administrator Credential  
 Take a few early childhood courses to meet early childhood education equivalency  
 Earn an Early Childhood Associate Degree (Associate of Applied Science)  
 Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor Degree  
 Earn a Bachelor Degree in Early Childhood Education with teaching licensure  
 Earn a Bachelor Degree in Early Childhood Education (non-licensure)  
 Earn a Bachelor Degree in Child Development

Are you currently enrolled at a community college/university?  No  Yes

If yes, please indicate the college/university: \_\_\_\_\_

If yes, how far have you progressed toward your degree: \_\_\_\_\_

Have you begun the Council for Professional Development Recognition online application?  No  Yes

**STATEMENT & SIGNATURE OF APPLICANT**

**Check All**

- I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to the Indiana AEYC/T.E.A.C.H. Early Childhood® Indiana for an educational scholarship. I am also aware there is a contractual commitment to work for my sponsoring center or continue to own my family child care after completion of each contract. I understand I must report all changes of information within 7 calendar days.
- I attest I have met or exceeded the requirement for a National Criminal History Check as set forth in IC 10-13-3-3 in compliance with the Indiana Legislation SEA 305 and HEA 1494 effective July 1, 2013, and as required by the Office of Early Childhood and Out-of-School Learning, a division of the Indiana Family and Social Services Administration.
- I understand & accept that the Council for Professional Recognition may share my CDA Credential status with Indiana AEYC.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Employer: \_\_\_\_\_ License/Registered/IDOE#: \_\_\_\_\_

**PLEASE ATTACH** the following documentation (required to process your application)

- |  |   |
|--|---|
| <input type="checkbox"/> income verification ( <i>pay stubs for the last 30 days OR Taxes-1040-pg 1 &amp; 2, Schedule C business</i> ) | <input type="checkbox"/> transcript from previous college   |
| <input type="checkbox"/> copy of program license/registration  | <input type="checkbox"/> all items checked on application checklist   |
| <input type="checkbox"/> proof of residency  | <input type="checkbox"/> We ask that you include everything in one PDF packet and email to selfpacedcdaapps@inaeyc.org. Please do NOT send pictures or individual emails for each document. |
| <input type="checkbox"/> high school diploma/high school equivalency (HSE)   |   |

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**STATEMENT OF INCOME**

**Statement of Income—Completed by all applicants**

List sources of income available to you. For your source of income, you must provide a copy of verification of that income. A statement from your employer indicating your weekly working hours and rate of pay (on center letterhead) or copies of all your pay stubs for the last 30 days will verify earnings. Family child care home providers must also complete the *Statement of Income* on the right, along with legal documentation of income.

- A. Employer #1: \_\_\_\_\_
- B. Earnings Job #1: \$ \_\_\_\_\_/hour
- C. Number of hours worked \_\_\_\_\_/week
- D. Employer #2: \_\_\_\_\_
- E. Earnings Job #2: \$ \_\_\_\_\_/hour
- F. Number of hours worked \_\_\_\_\_/week
- G. Are you currently a student?  No  Yes\*
  - H. \*Scholarship/Grant #1: \$ \_\_\_\_\_
  - I. \*Scholarship/Grant #2: \$ \_\_\_\_\_
  - J. \*Student Loan: \$ \_\_\_\_\_
- K. Child support/alimony: \$ \_\_\_\_\_
- L. TANF/Supplemental Security Income: \$ \_\_\_\_\_
- M. YOUR Total Income \$ \_\_\_\_\_  
Spouse's Income (documentation not required) \$ \_\_\_\_\_
- N. Total FAMILY income (MONTHLY or YEARLY) \$ \_\_\_\_\_

**Family Child Care Owners—(Additional information required)**

Use this to calculate your monthly earnings from your family child care home. Base your answers on last month's receipts. You must include verification of your income, such as copies of your Schedule C(taxes), receipts from each child in your care or a statement detailing your weekly rate and the number of children in your care.

- 1. What is the total amount paid to you by parents each week?  
*(Do not include CCDF Voucher Payments)* \$ \_\_\_\_\_
  - 2. Total Monthly parent fees  
*[Multiply Line 1 by 4.33 (weeks/month)]* \$ \_\_\_\_\_
  - 3. Total Monthly USDA Child & Adult Care Food Program reimbursement? \$ \_\_\_\_\_
  - 4. Total Monthly subsidy reimbursement for children in your care?  
*(include CCDF Voucher payments here)* \$ \_\_\_\_\_
  - 5. Total Monthly Revenue *[Add lines 2, 3, and 4]* \$ \_\_\_\_\_
- Average Monthly expenditures for children in your family child care home for the following categories: *(receipts not needed)*
- 6. Food: \$ \_\_\_\_\_
  - 7. Toys: \$ \_\_\_\_\_
  - 8. Assistant/Substitute wages: \$ \_\_\_\_\_
  - 9. Crafts/Supplies: \$ \_\_\_\_\_
  - 10. Transportation (\$0.67/mile): \$ \_\_\_\_\_
  - 11. Training fees: \$ \_\_\_\_\_
  - 12. Gifts for children/families: \$ \_\_\_\_\_
  - 13. Other: \_\_\_\_\_ \$ \_\_\_\_\_
  - 14. Total Monthly Expenses *[Add lines 6-13]* \$ \_\_\_\_\_
- |   |           |
|---|-----------|
| REVENUE (line 5)  | \$        |
| <i>[minus]</i> EXPENSES (line 14)                               | -\$       |
| <b>TOTAL MONTHLY EARNINGS</b><br><i>(enter on Line B, left)</i> | <b>\$</b> |

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### RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between Indiana Self-Paced CDA Training and the scholarship recipient  
\_\_\_\_\_. Please read carefully and then sign this agreement. Both your official Contract  
(Form A) AND this Agreement must be signed and on file before any reimbursements or charge approvals will take  
place.

*Printed Name of Applicant*

**Should you be awarded a Indiana Self-Paced CDA Training Scholarship** - You should be very proud of yourself for investing in your own future and increasing your education. This scholarship represents an amazing opportunity – a debt free college education! This benefit to you comes with various responsibilities.

**As a Indiana Self-Paced CDA Training Scholarship Recipient, I will:**

- Sign in to training site, select and complete training courses. This is a great opportunity that should be taken seriously.
- Prepare CDA Professional Portfolio, initiate family surveys, prepare for CDA Council observation and exam process.
- Regularly communicate with my CDA Navigator and T.E.A.C.H. professional development advisor. Both are available to help guide me through the process of obtaining my credential, work and family responsibilities. He/ She is just a phone call or email away and can answer many questions.
- Contact my CDA Navigator and T.E.A.C.H. Professional Development Advisor regarding any changes to my employment or application status, or if I am having difficulty in meeting my credential requirements or scholarship contract.
- Submit my CDA Credential within 72 business hours (3 business days) of receipt. Keeping my scholarship record up-to-date is critical to ensuring that I can get my bonus without unnecessary delays.

Signature of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Recipient: \_\_\_\_\_

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**CHILD CARE FACILITY PARTICIPATION AGREEMENT**

*To be used by applicants seeking CDA Assessment and completed by SPONSORING FACILITY*

The Indiana Self-Paced CDA Training Scholarship, offered through the Indiana Association for the Education of Young Children, requires the participation of each scholarship recipient’s employing child care center. In the event that \_\_\_\_\_ is awarded a scholarship, I understand that the center agrees to participate in the following way:

*Printed Name of Applicant*

\_\_\_\_\_ **OPTION OF PARTICIPATION**

*The participant agrees to:*

1. Submit assessment application to T.E.A.C.H. Early Childhood® INDIANA
2. Complete Assessment and submit a copy of my CDA to INAEYC CDA Navigator and T.E.A.C.H. Advisor
3. Commit to remaining in the field of early childhood education.

*We assure the option was chosen by the employer.*

Signature of Chairperson/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Chairperson/Owner: \_\_\_\_\_

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**CHILD CARE FACILITY INFORMATION**

Full Legal Center/Home/Registered Ministry Name: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

Facility Email Address: \_\_\_\_\_

License/RM Certificate #(please attach a copy): \_\_\_\_\_ Exempt:  No  Yes

Capacity/Number of Children Enrolled: \_\_\_\_\_

Please check all forms of funding your facility receives:

- Head Start       IDEA       State Subsidies (CCDF): Vouchers  
 Early Head Start       On My Way PreK (OMWPK)

Center Type:  Licensed     School     Head Start     Public School     Registered Ministry     Private School

Center Auspices:  Profit       Nonprofit       Head Start

Is this Child Care Program owned or managed by another organization? (Head Start or Multi-Site Programs)  No  Yes

Name of Parent Company: \_\_\_\_\_

Address: \_\_\_\_\_

Accredited:  No     Yes: Accrediting Body: \_\_\_\_\_

Paths to QUALITY™:  No     Yes: Level:    1    2    3    4

*We assure that this agency/program/school has met or exceeded the requirement for a National Criminal History Check of all its child care employees and volunteers in compliance with the Indiana Legislation SEA 305 and HEA 1494 effective July 1, 2013, and as required by the Office of Early Childhood and Out-of-School Learning, a division of the Indiana Family and Social Services Administration.*

Signature of Chairperson/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Chairperson/Owner: \_\_\_\_\_

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