



PROFESSIONAL DEVELOPMENT Certificate APPLICATION

Use through 7/1/2016-4/15/2017

SECTION 1: CANDIDATE IDENTIFICATION		DATE OF BIRTH / /	FILL OUT PAGE 1 OF THE ATTACHED W9 IRS FORM FOR THE PERSON RECEIVING THE AWARD	
LAST NAME (AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)		FIRST NAME		MIDDLE NAME <input type="checkbox"/> NEW ADDRESS
STREET ADDRESS		CITY		COUNTY ZIP CODE
HOME OR WORK PHONE NUMBER (please circle)		CELL PHONE NUMBER		E-MAIL ADDRESS
DIRECT DEPOSIT SIGN UP – DIRECT DEPOSIT IS REQUIRED. IF YOU ARE UNABLE TO PROVIDE THIS INFORMATION PLEASE CALL CCPDI AT 1-855-531-2468			NAME OF BANK (only for PDA)	
ACCOUNT NUMBER (only for PDA)	ROUTING NUMBER (only for PDA)		<input type="checkbox"/> YES! I WOULD LIKE TO BE NOTIFIED OF THE DIRECT DEPOSIT AMOUNT BY EMAIL	

SECTION 2: PROGRAM IDENTIFICATION		<input type="checkbox"/> NONPROFIT CENTER EXEMPT FROM CHILD CARE LICENSING <input type="checkbox"/> OTHER _____		
PROGRAM NAME (LEGAL NAME OF PROGRAM)			PROGRAM TELEPHONE	
STREET ADDRESS			CITY	COUNTY ZIP CODE
CANDIDATE POSITION: <input type="checkbox"/> TEACHER/CAREGIVER <input type="checkbox"/> OWNER/DIRECTOR/COACH		TEACHER/CAREGIVER: HOURS YOU WORKED PER WEEK DIRECTLY WITH CHILDREN		
DATE OF HIRE / /	IF YOU ARE OWNER/DIRECTOR/COACH: HOURS WORKED IN THE PROGRAM PER WEEK			
NUMBER OF CHILDREN ENROLLED IN PROGRAM NOT RELATED		AGES OF CHILDREN YOU WORK DIRECTLY WITH		

SECTION 3: EMPLOYMENT VERIFICATION <i>CANDIDATES WHO ARE NOT THE REGISTERED OWNER OF THE PROGRAM IDENTIFIED, MUST HAVE THEIR SUPERVISOR COMPLETE THIS SECTION</i>		
SUPERVISOR NAME	SUPERVISOR TITLE	CONTACT NUMBER
I HAVE REVIEWED THE CANDIDATE AND PROGRAM IDENTIFICATION LISTED BY MY EMPLOYEE ON THIS FORM AND CERTIFY THIS INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND WILL AUTHORIZE MY PROGRAM TO PARTICIPATE IN ANY RESEARCH PROJECTS OR OBSERVATIONS AT THE REQUEST OF THE OFFICE OF CHILDCARE. I UNDERSTAND I CAN AND WILL BE PENALIZED BY LAW IF I COMMIT PERJURY BY PURPOSELY CONFIRMING ANY FALSE INFORMATION ON THIS FORM. I ALSO UNDERSTAND I MAY LOSE MY OWN PRIVILEGE TO PARTICIPATE IN FUTURE CAREER LADDER AND DEPT OF WORKFORCE SERVICES GRANT PROGRAMS. AS A SUPERVISOR I VERIFY THAT THE PROGRAM HAS BEEN LICENSED SINCE CANDIDATE'S DATE OF HIRE.		
_____ SUPERVISOR SIGNATURE		_____ DATE

➤ Make sure to fill out page 2

CCPDI OFFICE USE ONLY TRAINING VERIFIED CL CEU COLLEGE LAST CL PREAPPROVED IN-HOUSE

DATE _____ APPROVED _____ INDEX # _____ ACCOUNT # _____ AMOUNT _____

SECTION 4: CERTIFICATE REQUEST: CHECK CERTIFICATE AND FOCUS AREA YOU ARE APPLYING FOR:

DEVELOPMENTALLY APPROPRIATE PRACTICES & CHILD DEVELOPMENT CERTIFICATE (30 HOURS & CURRENT CPR, FIRST AID, FOOD HANDLERS CERTIFICATES (MUST ATTACH)

Select focus area:

- Health & Safety
- Child Development
- Promoting Child Development
- Other _____

DEVELOPMENTALLY APPROPRIATE PRACTICES & SPECIALIZED CERTIFICATE (40 HOURS) (MUST ATTACH)

Select focus area:

- Creating a Caring Community of Learners
- Teaching to Enhance Development and Learning
- Planning Curriculum to Achieve Goals
- Assessing Development & Learning
- Reciprocal Relationships with Families
- Other _____

EARLY CHILDHOOD LEADERSHIP CERTIFICATE (40 HOURS) (MUST ATTACH)

Select focus area:

- Classroom Leadership
- Program Administration & Development
- Professionalism
- Facilitating Adult Learning
- Personal & Community Change
- Other _____

** MUST ATTACH CERTIFICATE OF COMPLETION FOR CEU, CONFERENCES, & APPROVED CLASSES, FOR COLLEGE CREDIT OPTION MUST ATTACH TRANSCRIPT.*

** WHEN SELECTING "OTHER" PLEASE WRITE NAME OF DESIRED CERTIFICATE IN BLANK SPACE. THIS SHOULD BE PREAPPROVED. FOR PREAPPROVAL PLEASE EMAIL UAEYC.MAIL@GMAIL.ORG.*

SECTION 5: PROFESSIONAL DEVELOPMENT AWARD ANNUAL TRAINING

ANNUAL TRAINING REQUIREMENTS: MINIMUM OF 10 HOURS CAREER LADDER TRAINING OR EQUIVALENT REQUIRED WITHIN THE PREVIOUS 12 MONTHS

	COURSE TITLE	DATE COMPLETED
<input type="checkbox"/> CAC COURSES		
<input type="checkbox"/> PREAPPROVED IN-HOUSE		
<input type="checkbox"/> CEU CREDIT *		
<input type="checkbox"/> COLLEGE CREDIT *		

**FOR CEU OPTION, MUST ATTACH CERTIFICATE OF COMPLETION, FOR COLLEGE CREDIT OPTION, MUST ATTACH TRANSCRIPT.*

SECTION 6: CANDIDATE CERTIFICATION

I, THE CANDIDATE, CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UPON REQUEST, I AGREE TO PARTICIPATE IN ANY RESEARCH PROJECTS OR OBSERVATIONS AT THE REQUEST OF THE OFFICE OF CHILDCARE. I UNDERSTAND I CAN BE PENALIZED BY LAW IF I COMMIT PERJURY BY PURPOSELY PROVIDING FALSE INFORMATION ON THIS APPLICATION, AND MAY BE REQUIRED TO RETURN AWARD FUNDS RECEIVED BY PROVIDING FALSE INFORMATION AND/OR BE SUBJECT TO FINES. I ALSO UNDERSTAND I MAY LOSE MY PRIVILEGE TO PARTICIPATE IN FUTURE CAREER LADDER AND DEPT OF WORKFORCE SERVICES GRANT PROGRAMS.

CANDIDATE SIGNATURE

DATE

THINGS TO REMEMBER

- APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED UNLESS **ALL** AREAS APPLYING TO THE AWARD ARE COMPLETE.
- APPLICATION MUST BE THE ORIGINAL DOCUMENT, CONTRAINING THE ORIGINAL SIGNATURES OF APPLICANT AND EMPLOYER.
- FAXED APPLICATION WILL NOT BE ACCEPTED
- APPLICATIONS MUST BE SUBMITTED ON 8½ x 11 WHITE PAPER AND COMPLETED IN INK
- A SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER MUST BE INCLUDED ON THE APPLICATION. THE NAME ON THE APPLICATION MUST BE THE LEGAL NAME PRINTED ON YOUR SSN OR TIN CARD. AWARD MONIES AND CERTIFICATES WILL BE AWARDED TO YOUR REGISTERED NAME.
- ALL APPLICATIONS MUST BE POST MARKED BY APRIL 15, 2017

IF YOU HAVE QUESTIONS ABOUT THE UTAH PROFESSIONAL DEVELOPMENT SYSTEM OR ABOUT COMPLETING THIS APPLICATION, PLEASE CONTACT THE CHILD CARE PROFESSIONAL DEVELOPMENT INSTUTUTE (CCPDI) AT 1-855-531-2468 www.ccpdi.usu.edu

MAIL APPLICATION TO :CCPDI, 6515 OLD MAIN HILL LOGAN, UTAH 84322-6515

****FILL OUT PAGE 1 OF THE ATTACHED W9 IRS FORM****

****ALL APPLICATIONS MUST BE POST MARKED BY APRIL 15, 2017****