



TECTA CDA Renewal Packet Checklist

Austin Peay State University Site | tecta@apsu.edu | p/f 931-221-7300

Name: _____ CDA Expiration Date: _____

Completed packets can be delivered in person, emailed, or faxed. All electronic documents must be sent in .pdf format. No photos will be accepted.

Eligibility

Prior to sending the documentation below, please be sure that you meet the following eligibility criteria. Contact our office if you have any questions.

- You are a TECTA student who has completed Orientation and has received Tuition Assistance for college coursework.
- Your CDA is current and will not expire for at least 30 days.
- Your initial CDA was obtained through college coursework.
- You completed at least one 3-hour college course in Early Childhood Education **after** your current CDA was awarded.
- You continue to work in Early Childhood Education.

Required Documentation

- TECTA Student Information Form
- CDA Renewal Fee Scholarship Application Form
- CDA Candidate Information Release Authorization Form
- Copy of current CPR/FA Card - Front and Back
- Proof of employment in a licensed childcare program
- Unofficial Copy of Transcripts
- Documentation of membership in an Early Childhood Professional Organization
(ex: NAEYC, SECA)

Submit Items Together

- Please request that an **official** copy of transcripts be sent to:

Attn: Noelle Cannon
PO Box 4514
Clarksville, TN 37044

**packet will not be processed until official copy of transcripts is received.*



TECTA Student Information Form

Center of Excellence for Learning Sciences ♦ Tennessee State University

TECTA Orientation Location or Institution Attending _____

Social Security Number ____ - ____ - _____

Name _____
Last First Middle

Employment Status

Your Place of Employment _____

Ages of children in classroom (choose one)

- Birth to 8 months 9 to 17 months 18 to 36 months 3 to 5 year olds
- School-Age Family Childcare
- Mixed-age Group: Infants Mixed-age Group: Infants and Preschool Not a Direct Care Provider

TECTA Support Received for: Semester _____ Year _____

Salary: Please note: this question is for research purposes ONLY. Individual responses will not be identified or published.

\$ _____ per Hour

- Current Position Title:
- Asst. Director Asst. Director/Teacher Caregiver/Teacher
 - DHS Staff Director Director/Teacher Home Visitor
 - Home Visitor Supervisor Other Owner of Program Sub/Floater
 - Teacher Aide Authorized Volunteer

Number of years in current position _____ Number of years in Early Childhood Field _____

Number of years at current place of employment _____ Hours worked per week _____

Do you have children with diagnosed delays or disabilities in your classroom? Yes No

Number of children in your classroom _____

Please complete the reverse side if you are a first-time TECTA-supported student.



Complete application and send to:

To be eligible for the CDA Renewal Fee Scholarship you must have completed the following:

- A three (3) credit-hour college course from an accredited college or university in Early Childhood or Child Development
- A transcript to document the college course
- Membership in a national or local early childhood organization
- Proof of current Infant and Child CPR and First Aid certification
- Recommendation from an ECE Reviewer
- Verification of 80 hours of work experience
- Received original CDA education through academic coursework

 TECTA Staff Signature

 Date

 TECTA Staff Printed Name

 Candidate ID Number

Note: This application is not valid unless a TECTA staff person checks all items in the box above as complete.

Name _____ Last Four Digits of Social Security Number _____

Address _____

City _____, TN Zip _____ Phone (____) _____

E-mail _____

Your Place of Employment _____

Director _____ Work Phone (____) _____

Work Address _____

City _____, TN Zip _____ Phone (____) _____

Phone (____) _____ Fax (____) _____ E-mail _____

Candidate must live and work in Tennessee to receive the full award.

AMOUNT REQUESTED (Maximum is \$125.00) \$ _____

Will Renewal Application funds be available to you from another source? Yes No

If yes, please list from where and how much: _____

Continued on next page

1. Please list your salary: \$ _____ per Hour Month Year

2. How many hours per week do you work? 1-20 21-40 40+

3. Share below how having the CDA Credential has benefitted both the children in your care, and you as an early childhood professional.

4. Type of child care program where you work:

- | | |
|---|--|
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Head Start (In center) |
| <input type="checkbox"/> Center Child Care Infant & Toddler | <input type="checkbox"/> Head Start (Home Visitor) |
| <input type="checkbox"/> Center Child Care Preschool | <input type="checkbox"/> School Age Child Care Program |
| <input type="checkbox"/> Other, specify: _____ | |

5. Check your professional position:

- | | |
|---|---|
| <input type="checkbox"/> Family Child Care Provider | <input type="checkbox"/> Director |
| <input type="checkbox"/> Caregiver/Teacher | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Assistant Director |
| <input type="checkbox"/> Home Visitor | |
| <input type="checkbox"/> Other, specify: _____ | |

Number of years in current position _____ Number of years in Early Childhood field _____

Number of years at current place of employment _____ Hours worked per week _____

Number of children in your classroom _____

Continued on next page

6. Indicate your current membership(s) in professional early childhood organizations. Select all that apply:

- | | | | |
|--------------------------------|--------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> NAEYC | <input type="checkbox"/> SECA | <input type="checkbox"/> TACEE | <input type="checkbox"/> Local AEYC |
| <input type="checkbox"/> NAFCC | <input type="checkbox"/> ACEI | <input type="checkbox"/> TN ACEI | <input type="checkbox"/> NSACA |
| <input type="checkbox"/> NCCA | <input type="checkbox"/> NBCDI | <input type="checkbox"/> Other _____ | |

7. How has TECTA helped you grow? Please share how your involvement with TECTA has impacted your classroom or your professional development.

TECTA MANAGEMENT USE ONLY

Date Received _____ Amount Awarded _____ Date Filed _____
 Date Scholarship Issued _____ Date of notice to Candidate _____
 Date of Verification Visit _____ Notice to TECTA Sub-Contractor _____
 Date forwarded to Council _____ Date Received Credential _____
 Additional Information _____

THIS FORM MAY BE DUPLICATED



TECTA CDA Candidate Information Release Authorization

Center of Excellence for Learning Sciences ♦ Tennessee State University

To: The Council for Professional Recognition
2460 16th Street, NW
Washington, DC 20009-3547

By signing below, I give permission to the Council for Professional Recognition to release my CDA Assessment progress and results to representatives from Tennessee Early Childhood Training Alliance.

Candidate Signature: _____ Date: _____

Print Name: _____

Personal Phone: _____

Personal Email Address: _____