

## Fall 2021

# Infant/Toddler Child Development Associate (CDA) Coaching Program Application-Participant

The University of Nevada, Reno Extension is accepting applications for the fall 2021 Infant/Toddler Child Development Associate (CDA) Coaching Program. Please return the completed application to Sarah Wright at [sarahwright@unr.edu](mailto:sarahwright@unr.edu). Applications will be accepted until the program is full. Applicants for the fall 2021 session will be notified by **June 30, 2021**. If accepted, you will meet with a coach/trainer in July to discuss the expectations and benefits of the program.

The educational coursework for the CDA credential (120 hours of training) will be completed in a hybrid format with instruction both online and face-to-face in a classroom setting at the designated training location (see schedule). Attendance and participation at all trainings, office hours, and coaching sessions will be required for all participants. Please review the detailed schedule before submitting an application to ensure you can commit to participating.

All program participants will receive coaching from an infant/toddler specialist for a four-month period. Participants must be working in a classroom directly with children ages birth-35 months old. Participants who have a consistent work schedule in one assigned classroom throughout the CDA program gain the most. Participants will also receive all text books and training materials. The University of Nevada, Reno Extension will pay the application fee of \$425.00 for the initial CDA Credential for each participant who completes all required coursework and portfolio requirements by **December 11, 2021**.

Only teachers in center-based infant, toddler or 2's classrooms are eligible for consideration.

Incomplete or illegible applications will not be considered.

*Applicant must complete pages 2-4 and applicant's supervisor must complete page 5.*

**FIRST Name:** \_\_\_\_\_ **LAST Name:** \_\_\_\_\_

**PHONE NUMBER:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Contact email:** \_\_\_\_\_

**Home mailing address:** \_\_\_\_\_

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

**Place of Employment:** \_\_\_\_\_ **Current job title:** \_\_\_\_\_

**Address of center:** \_\_\_\_\_

**Director's Name:** \_\_\_\_\_ **Director's email:** \_\_\_\_\_

How long have you worked at this center? \_\_\_\_\_ years \_\_\_\_\_ months

1. Do you spend most of your workday in the classroom with children ages birth-36 months? **Yes No**
2. In a typical week,  
How many young infants (birth to 8 months) are in your care? \_\_\_\_\_  
How many mobile infants (9 months-17 months) are in your care? \_\_\_\_\_  
How many toddlers (18 – 35 months) are in your care? \_\_\_\_\_
3. How long have you worked with children ages birth-35 months? \_\_\_\_\_ years \_\_\_\_\_ months
4. What language(s) do you speak fluently? \_\_\_\_\_
7. What is the career ladder level listed on your current Nevada Registry Certificate: \_\_\_\_\_  
*Please attach a copy of your Nevada Registry Certificate with this application.*
8. Have you completed a minimum of a high school diploma or GED? **Yes No**
9. Have you completed any college coursework or currently have a college degree? **Yes No**  
If yes, what? \_\_\_\_\_
10. Do you have a current CDA Credential? **Yes No**  
If yes, what setting? \_\_\_\_\_
11. Have you ever completed coursework toward a CDA credential or submitted an application for a CDA credential? **Yes No**  
If yes, when and what? \_\_\_\_\_
12. What is your current work schedule (start and end time and days)?  
\_\_\_\_\_

<b>Fall 2021 Infant/Toddler CDA Coaching Program</b>	
<b>Mandatory Program Orientation</b>	Saturday, August 14, 2021 9:00am-1:00pm
<b>Mandatory Office hours with Coach Time: TBD</b>	Times will be scheduled individually with your coach. Saturdays,
<b>Final Celebration 9:00am-12:00pm</b>	Saturday, December 12, 2020
<b>Program Dates</b>	August 15, 2020-December 12, 2020
<b>Completion Deadline</b>	<b>All course work must be completed by December 11, 2020</b>
<b>Training locations</b>	Meeting location for Las Vegas: 8050 Paradise Road, Las Vegas, NV 89123 Meeting location for Reno: 4955 Energy Way, Reno, NV 89502

**Do you have reliable access to a computer, printer and high-speed internet?    Yes    No**

Briefly describe why you are interested in earning a CDA Credential:

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Please describe any special accommodations you may require to participate in trainings, test taking or any others:

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Are there any special circumstances that you would like us to consider?

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**Please initial each item below:**

\_\_\_\_\_ I understand my classroom will be observed by coaches and assessors throughout the infant/toddler CDA coaching program and I must actively participate in all scheduled coaching sessions.

\_\_\_\_\_ I understand that upon completing the 120 clock hours of training I will not receive the CDA credential. There are additional steps that I will have to complete. For further information, visit [www.cdacouncil.org](http://www.cdacouncil.org).

\_\_\_\_\_ I understand that I must attend the face-to-face orientation training and all the scheduled office hours. Portions of these meetings are in addition to the 120 training hours.

\_\_\_\_\_ I understand the infant/toddler CDA coaching program is designed for center-based infant/toddler CDA candidates only and I must remain working in a classroom setting with children birth to 35 months old to participate in the program.

\_\_\_\_\_ I understand this is a positive attendance program. This means the instructor must account for all training hours for candidates. Regular attendance, punctuality and participation are mandatory. Failure to meet this requirement will result in participant fees and/or being dropped from the program.

\_\_\_\_\_ I understand candidates are expected to be on time to each training and remain in class until dismissed by the instructor. Candidates missing more than 15 minutes of any face-to-face training will not receive training hours for that class.

\_\_\_\_\_ I understand my CDA application must be submitted to the Council for Professional Recognition no later than **December 11, 2021** or I may be required to pay the \$425 fee for the application to the Council for Professional Recognition.

\_\_\_\_\_ I understand I must complete all coursework assigned by the instructor and attend all of the training hours in order to receive a certificate of completion for the training.

I have read, understand and agree to comply with the above statements.

\_\_\_\_\_  
CDA Applicants name (please print)

\_\_\_\_\_  
CDA Applicants Signature

\_\_\_\_\_  
Date

**Fall 2021**

**Infant/Toddler Child Development Associate (CDA) Coaching Program**  
**Application-Applicant's Supervisor**

*This page must be completed by the applicant's supervisor.*

Applicant's Supervisor acknowledgement statement:

\_\_\_\_\_ (applicant's name) has my support to participate in the Child Development Associate (CDA) coaching program.

**Please initial each item below:**

\_\_\_\_\_ I agree to provide encouragement to this applicant throughout the infant/toddler CDA coaching program.

\_\_\_\_\_ I agree to make every effort to allow this applicant to leave work with enough time to arrive to every class before the scheduled start time.

\_\_\_\_\_ I agree to make every effort to ensure the applicant spends most of his/her time in one assigned classroom with children ages birth to 35 months throughout the CDA program. I understand that applicants who have a consistent work schedule in one assigned classroom throughout the CDA program gain the most.

**List assigned classroom:** \_\_\_\_\_

Coaching may be in person or virtual, using Zoom. Coaching at the center will take place only if and when the state guidelines allow visitors in the classrooms.

\_\_\_\_\_ I understand coaching is professional development and I agree to allow the applicant time during work hours for coaching conferences.

\_\_\_\_\_ I agree to allow the CDA coaches and program staff to enter the classrooms for assessments and coaching.

\_\_\_\_\_ I agree to provide staff coverage for the applicant to meet with the CDA coach outside of the classroom for coaching conferences. Coaching takes place for about 30-45 minutes, every two weeks during the program.

\_\_\_\_\_ I agree to allow a Professional Development Specialist to enter the classrooms for the final verification visit (required to complete the requirements for the CDA Credential).

\_\_\_\_\_  
CDA Applicants Supervisor's name and title (please print)

\_\_\_\_\_  
Date: \_\_\_\_\_  
CDA Applicants Supervisor's Signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
E-mail address

