

Child Development Associate (CDA) Program Application

The University of Nevada, Reno Extension offers programs for educators of young children to gain the educational coursework required to prepare for the Preschool, Family Child Care, or Infant/Toddler Child Development Associate (CDA) Credential. Programs are offered twice each year, beginning in January and August.

Participants must be working directly with children ages 0-35 months in a licensed center to qualify for the Infant/Toddler CDA Credential. Participants must be working directly with children ages 3 to 5 years old in a licensed center to qualify for the Preschool CDA Credential or in a Family Child Care licensed by the state of Nevada to qualify for the Family Child Care CDA Credential.

For more information about the Child Development Associate Credentials visit:

www.cdacouncil.org

Please return the completed application to Sarah Wright at sarahwright@unr.edu . Incomplete or illegible applications will not be considered. Once an application is accepted, participants will be notified by email to complete their registration.



EXTENSION

College of Agriculture,
Biotechnology & Natural Resources

An EEO/AA Institution

FIRST Name: _____ **LAST Name:** _____

Phone number: (_____) _____ - _____ **Contact e-mail:** _____

Home mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Place of Employment: _____ **Current job title:** _____

Address of center: _____

City: _____ **State:** _____ **Zip:** _____

Director's Name: _____ **Director's e-mail:** _____

1. How long have you worked at this center? _____ years _____ months
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? _____
 - How many preschoolers (3 years-5 years) are in your care? _____
3. Do you spend most of your workday in the classroom with (circle one) **infants/ toddlers/ or preschoolers?**
4. How long have you worked with young children? _____ years _____ months
5. What language(s) do you speak fluently? _____
7. Are you a current member of the Nevada Registry? (Select) **Yes No**
 If yes, what is the Nevada Registry ID number listed on your 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? (Select) **Yes No**
9. Have you completed the Spiral-Up program? (Select) **Yes No**
 If yes, when? (month/year) _____
10. Have you ever completed coursework toward a CDA credential or applied for a CDA credential?
 (Select) **Yes No**
 If yes, when and what? _____
11. What is your current work schedule (start and end time and days of the week)?

Do you have reliable access to a computer, printer, and high-speed internet? (Select) **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:

If offered, would you prefer to complete most of your trainings online? **Explain why.**

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

How did you hear about the program? If someone referred you, please list their name.

CDA Applicant's name and title (please print)

Application Date: _____



Persons in need of special accommodations or assistance should contact Paul Lessick, civil rights and compliance coordinator, at plessick@unr.edu or 702-257-5577 at least five days prior to the scheduled event with their needs or for more information.