

TECTA CDA Renewal Packet Checklist

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

Name:

CDA Expiration Date: _

Submit Items Together

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

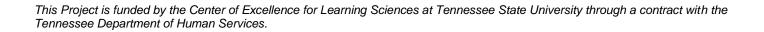
Prior to sending the documentation below, please be sure that you meet the following eligibility criteria. Contact our office if you have any questions.

- 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.
- o You continue to work in Early Childhood Education.

Required Documentation

- o 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)
- 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 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	\square 9 to 17 months	\Box 18 to 36 months	\Box 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 quest	ion is for research purpo	ses 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 pos	sition Number	r of years in Early Childhood Fie	ld
Number of years at current pla	ce of employment	Hours worked per week	
Do you have children with dia	gnosed delays or disabil	ities in your classroom?	s 🗆 No
Number of children in your cla	assroom		

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





TECTA CDA Renewal Fee Scholarship Application

Center of Excellence for Learning Sciences • Tennessee State University

Statewide Management Office	To be eligible for the CDA Renewal Fee Scholarship you must		
	have completed the following:		
Complete application and send to:	A three (3) credit-hour college cours	se 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 ea		
	Proof of current Infant and Child Cl		
	Recommendation from an ECE Rev		
	Verification of 80 hours of work experience		
	Received original CDA education th	rough 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	
	, TN Zip Phone ()
Your Place of Employment	
Director	Work Phone ()
Work Address	
City	, TN Zip Phone ()
Phone (E-mail
Candidate mus	live and work in Tennessee to receive the full award.
AMOUNT REQUESTED (Maximum is	5125.00) \$

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

If yes, please list from where and how much:

Continued on next page

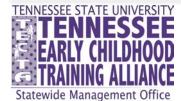


TENNESSEE STATE UNIVERSITY	TECTA CDA Renewal Fee Scholarship Application			
EARLY CHILDHOOD TRAINING ALLIANCE Statewide Management Office			see State University	
1. Please list your salary: \$	per 🗆 Hour	□Month	□Year	
2. How many hours per we	ek do you work? □1-20	□21-40	\Box 40+	
3. Share below how having childhood professional.	the CDA Credential has ber	efitted both the c	children in your care, and you as an ea	rly
4. Type of child care progr	am where you work:			
\Box Family Child Ca	re	□ Head Star	rt (In center)	
□ Center Child Ca	re Infant & Toddler	□ Head Star	rt (Home Visitor)	
□ Center Child Ca	□ Center Child Care Preschool □ School Age Child Care Program			
\Box Other, specify: _				
5. Check your professional	position:			
\Box Family Child Ca	re Provider	□ Director		
□ Caregiver/Teach	er	□ Owner		
□ Volunteer		□ Assistant	Director	
\Box Home Visitor				
\Box Other, specify: _				
			n Early Childhood field	
Number of years at	current place of employment	t Hours	worked per week	
Number of children	in your classroom			

Continued on next page



The TECTA program is funded through a contract with the Tennessee Department of Human Services and Tennessee State University, Center of Excellence for Learning Sciences.



TECTA CDA Renewal Fee Scholarship Application

Center of Excellence for Learning Sciences
Tennessee State University

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

□ NAEYC	\Box SECA	\Box TACEE	\Box Local AEYC
□ NAFCC	\Box ACEI	\Box TN ACEI	\Box NSACA
\Box NCCA	□ NBCDI	□ 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 Can	didate
Date of Verification Visit	Notice to TEC	TA Sub-Contractor
Date forwarded to Council	Date Receive	ed 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:	

