



CDA Renewal Training Track Application

When complete return to: Kansas Child Care Training Opportunities, Inc. (KCCTO)
 2323 Anderson Ave. Suite 151
 Manhattan, Ks 66502

If you have questions contact: Haley Anderson, KCCTO CDA Resource Specialist
 (800)227-3578 or (785)532-7197
hales08@ksu.edu

Applicant Information

Name: _____
Last **MI** **First**

Mailing Address: _____
Street Address **City** **State** **Zip**
List address that you wish to have certificates mailed.

Email: _____

County: _____ **Phone:** _____

Facility Name: _____

Applicant must meet all eligibility requirements listed below:

- I have attached a copy of my current CDA Credential.
- I am/the facility I work for is currently licensed and in good standing with KDHE.
 Facility license number: _____ (OR)
- My facility is license exempt

CDA Renewal Training Track Payment

The CDA Renewal Training Track entitles individuals to receive the full 45 hours required by the CDA Council for renewal at a **discounted price of \$45.**

*Payment must be received before individuals can begin the CDA Renewal Training Track.

*If choosing "Invoice," KCCTO must have the paying organization’s billing information on file.

- Check or Money Order enclosed
- Please email me the link to pay by credit or debit card
- Invoice my child care facility (Family Child Care Providers Ineligible)



CDA Renewal Training Track

CDA Renewal Setting

- Infant/Toddler
 Preschool
 Family Child Care

CDA Renewal Courses

KCCTO will issue an official verification letter and a transcript following completion of the CDA Renewal Training Track.

Please list the courses from KCCTO, Inc. that you are interested in taking:

KCCTO Course Title	Hours
Total:	

Signature of Applicant

I certify that the information given and attached to this application is, to the best of my knowledge, correct. I understand that enrollment in the KCCTO CDA Renewal Training Track is solely for the purpose of completing the required hours to obtain my CDA renewal. When entering this agreement, I understand that it is my obligation to communicate with KCCTO any changes regarding my CDA Renewal Training Track. I understand that all information released will be for the exclusive and confidential use of Kansas Child Care Training Opportunities, Inc.

SIGNATURE _____ **DATE** _____