



## CDA 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](mailto:hales08@ksu.edu)

### How does the CDA Training Track Work?

#### KCCTO Support

- Once you begin the CDA Training Track, you will receive by email an **Individualized Professional Development Plan** – a schedule of your courses for the upcoming months.
- As you complete courses you will receive by email an updated running record of your completed courses.
- KCCTO's CDA Resource Specialist will enroll you in all courses. You will receive emailed confirmation of enrollment directly from KCCTO.
- In the event of non-completion of a course, KCCTO's CDA Resource Specialist will advise you of next steps.
- If you choose to obtain your full 120 hours with KCCTO, our goal is have you complete those hours in about 9 months (training track completion time for individuals paying monthly will vary). Your course schedule can be adjusted to best meet your needs.

#### How to Be Successful on the CDA Training Track

- Check your email frequently.
- Communicate any changes or concerns with your CDA Resource Specialist.
- Keep track of your upcoming course dates.
- Give yourself enough time to take your courses – the less rushed you are the more meaningful the course content will be!



## CDA Training Track Application

Why are you interested in the CDA Training Track program?

What are your goals for your early childhood career?

At this time, do you know of any dates you will not be able to take courses (vacations, etc.) that the CDA Resource Specialist should take into consideration when scheduling your courses?

### CDA Setting

- Infant/Toddler       Preschool       Family Child Care

### CDA Training Track Payment

- \$120 (one-time payment)**  
-Provides access to a maximum of 16 hours per month.  
-This option entitles participants to receive the full 120 hours required by the CDA Council.
- \$15 (monthly payment)**  
-Provides access to a maximum of 12 hours per month.  
-First month's payment of \$15 is collected with submission of this application.  
-Participants will receive a monthly email reminder to submit the next month's payment, until track is complete.

### Payment Method

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

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

\*Payment is non-refundable.

- Check or Money Order enclosed  
 Invoice My Child Care Facility (Registered Centers Only)



## Applicant Contact Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Street Address**                      **City**                      **State**                      **Zip**

*List address to which you wish to have certificates mailed.*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility License Number: \_\_\_\_\_ (OR)

My facility is License Exempt

## Supervisor Contact Information

\*The applicant's supervisor will be copied on all monthly progress emails.

Supervisory Role (Director, Lead Teacher, etc.): \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant must meet all eligibility requirements listed below:**

I have successfully completed **Orientation to the Child Development Associate (CDA) Credential.**

I am enrolled in and plan to complete this course on (start date): \_\_\_\_\_

*\*You must successfully complete this course before beginning the CDA Training Track.*

I have included copies of any previous early childhood related certificates or transcripts.

Not Applicable

I have read and I understand the CDA Training Track Procedures (see page 1).

### 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 Training Track is solely for the purpose of completing the required hours to obtain my CDA. When entering this agreement, I understand that it is my obligation to communicate with KCCTO any changes regarding my CDA 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 \_\_\_\_\_