

★ Checklist for CDA Assessment Scholarship ★

CDA/CCP Assessment c/o Scholars
P.O. Box 108850
Oklahoma City, OK 73101-8850

Toll Free: 866-343-3881
OKC area: 405-225-9396
www.okhighered.org/scholars

MAKE SURE YOU!

1. Complete the yellow CDA/CCP Assessment Scholarship application.
2. Include the **Direct Assessment Application**, the four page carbon copy completed with all required signatures (candidate, director, & advisor).
3. Include a copy of all training documents (certificates, transcript, and/or Pathway Competency Certificate along with a Pathway transcript).
4. Include the Payee Form with your personal information.
5. Include check or money order payable to ‘State Regents’ for \$97.50.
6. Include one of the following for income verification:
 - Teacher – a copy of a current pay stub indicating gross salary, and hours worked.
 - Director as Employee – a copy of a current check stub indicating gross salary, and hours worked.
 - Director as Owner – a copy of a current check stub indicating gross salary, and hours worked.
 - Family Child Care Provider – Verification of Income Form.

REMEMBER

- **Applications** are sent to the *Council for Professional Recognition* on a **continual basis** rather than adhering to the quarterly deadlines as stated in *The Child Development Associate Assessment System and Competency Standards* included with the CDA Assessment Application packet.
- Candidates should make a **copy** of the completed documents for their records.
- Only **one** assessment scholarship will be awarded per individual.
- **Mail all completed applications** and information to the **Scholar Program** (not to the Council in Washington D.C.), at least 6 weeks before observation expiration date.

DID YOU...

- ✓ Include both the white and yellow (carbon) pages of the **Direct Assessment Application?**
- ✓ Include the CDA Assessment Scholarship application?
- ✓ Include your training documentation?
- ✓ **Sign Section 6** “*Candidate Signature*” of Direct Assessment Application as well as all other required signatures on both applications?
- ✓ Include a copy of a current paystub or Verification of Income Form?
- ✓ Include the **\$97.50 fee** payable to ‘State Regents’?
- ✓ Make a copy of everything for your records?

CDA/CCP Assessment Scholarship Matrix

	Scholars Program	Child Care Facility	Child Care Provider*
Scholarship	Assessment Fee: CDA - \$227.50 CCP - \$295	Paid by the sponsoring child care facility or by the child care provider. Assessment Fee: CDA - \$97.50 CCP - \$200	
Education			Must have completed all requirements for the credential assessment.
Educational Stipend**	\$100 – \$200** upon receipt of credential***		
Commitment		If fee paid by child care facility, remain employed at the child care facility for at least six months after receiving credential.	Remain employed in the child care field for at least six months after receiving credential.

*Family child care providers are not eligible to earn the CCP.

** \$100 educational stipend to Pathway scholars upon receipt of the national credential. (During the Pathway plan of study, these scholars will have already received: 1.) a \$50 educational stipend for successful completion of 90 clock hours of Early Education: Pathway to CDA coursework; and 2.) a \$50 educational stipend upon notification from the State Department of Career and Technology Education of successfully passing the Pathway End of Instruction Exam and being awarded the Early Education: Pathway to CDA Competency Certificate.

Non-Pathway scholars will receive the one time stipend of \$200 upon receipt of the national credential.

*** A copy of the credential must be received by the Scholars Program within 90 days of the credential award date.

Note: Holders of a current CDA Credential may qualify for:

1. *REWARD Oklahoma* is a program designed to promote quality child care. By advancing your child care career through higher education you could be eligible for this salary supplement program. For more information, visit www.cecpd.org or call 888-446-7608.
2. *College credit in child development or early childhood education.* At most community colleges, 12 credit hours must be completed at the institution before college credit for the CDA Credential is awarded and/or transcribed. Contact the community college's child development or early childhood education department for specifications.

Informed Consent

Please sign below giving your permission for data and surveys to be collected and used to evaluate the impact of the Scholars for Excellence in Child Care program at the Oklahoma State Regents for Higher Education. Information will be collected from you through the CDA/CCP Credential application process and by survey once the CDA/CCP Credential has been awarded. There are no right or wrong answers on the surveys; however the data should be complete and correct. Any information provided is confidential and your name will not be used in any reports based on the results of the surveys or data.

The Oklahoma State Regents for Higher Education is an equal opportunity agency and complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Americans with Disabilities Act, and other federal laws and regulations. It does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures.

I, _____ agree to participate in the evaluation
Print Name
of the Scholars for Excellence in Child Care (Scholars) program. I give my permission for all personal information, educational information, assessment, transcripts, class completion information, grades, financial aid, and survey data to be collected throughout the course of my participation in the program to be used for evaluation, reporting, and research purposes. Such information collected or produced as a result of participation in the Scholars program may be shared with the Oklahoma Department of Human Services (OKDHS) for the purpose of verifying compliance with “Reaching for the Stars” and Child Care Licensing requirements. In addition, student specific information may be utilized by the OKDHS to evaluate the progress and success of students in determining the effectiveness of the initiative.

Applicant's Signature

Date

CDA/CCP Assessment Scholarship Agreement

This agreement includes the child care provider, sponsoring child care facility, Scholars for Excellence in Child Care (Scholars) program, and the Oklahoma State Regents for Higher Education. In the event funds to finance this agreement become unavailable, either in part or in full, due to reduction in appropriations, this agreement may be terminated and such notice will be provided in writing to the parties herein.

Teacher/Director Employee: (Choose one option)

OPTION I

Participant agrees to:

- Pay the fee of \$97.50 for the CDA assessment \$200 for the CCP assessment. Make check or money order payable to 'State Regents'.
- Submit assessment application to the Scholars program.
- Submit copy of CDA/CCP Credential to the Scholars program within 90 days of the date printed on the credential to receive an educational stipend.
- A commitment to the field of child care for 6 months after receiving CDA/CCP Credential.

OPTION II

Child Care Facility agrees to:

- Pay the fee of \$97.50 for the CDA assessment or \$200 for the CCP assessment. Make check or money order payable to 'State Regents'.

Child Care Provider agrees to:

- Submit CDA/CCP assessment application to the Scholars program.
- Submit copy of CDA/CCP Credential to the Scholars program within 90 days of the date printed on the Credential to receive an educational stipend.
- A commitment of 6 months to the sponsoring child care facility after receiving CDA/CCP Credential.

Director Owner/Family Child Care Provider agrees to:

OPTION III

- Pay the fee of \$97.50 for the CDA assessment or \$200 for the CCP assessment. Make check or money order payable to 'State Regents'.
- Submit CDA/CCP assessment application to the Scholars program.
- Submit copy of CDA/CCP Credential to the Scholars program within 90 days of the date printed on the credential to receive an educational stipend.
- A commitment of 6 months to the current child care facility or family child care home.

Oklahoma State Regents for Higher Education agrees to:

- Pay the fee of \$227.50 for the CDA assessment or \$295 for the CCP assessment.
- Review and ensure completeness of the CDA/CCP Scholarship Application, and Direct Assessment Application.
- Submit completed CDA Direct Assessment Application to the Council for Early Childhood Professional Recognition or the NCCA -CCP Registration Form to the NCCA.
- Award an educational stipend to recipient upon receiving a copy of CDA/CCP Credential. (Copy must be received within 90 days of the credential date).

Applicant's Signature

Date

Sponsoring Child Care Facility Director/Owner's Signature

Date

***Make a copy of this agreement for your records.
Send completed application and supporting documents to:***

CDA/CCP Assessment c/o Scholars
P.O. Box 108850
Oklahoma City, OK 73101-8850



REGISTERED _____ NON-REGISTERED _____

Address, etc. Change
(Page 1 only)



Gov. Entity
(Page 1 only)

**STATE OF OKLAHOMA
PAYEE FORM**

>> *Form Must Be Printed or Typed* <<

State Agency Name _____	n/a		# _____
Agency Contact Name _____	n/a	Phone # _____	Fax # _____

The State of Oklahoma requires the following information for all new payees before any payments can be made. This information is used to establish payees in the State vendor file.

Complete all that apply and return to: State Regents for Higher Education – PO Box 108850, Oklahoma City, OK 73101-8850

Individual or Company Name	Phone #	Fax #		
Name on IRS Record (if different from above)	Phone #	Fax #		
Business/Home Address:				
(PO Box or Street, City, State, 9-Digit Zip Required)	E-Mail Address			
Pricing information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Ordering information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Invoicing information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Contact, re: invoices (PO Box or Street, City, State, 9-Digit Zip Required)	E-Mail Address			
Remitting information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Where to send payment/remittance (PO Box or Street, City, State, 9-Digit Zip Required)	E-Mail Address			
Returning information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Customer Service Information, if different:	<i>Not Applicable</i>	Phone #	Fax #	E-Mail Address

OSF/DCS USE ONLY	Date Posted:	By:
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STATE OF OKLAHOMA
VENDOR/PAYEE FORM

>> Form Must Be Printed or Typed <<



SUPPLEMENTAL INFORMATION - ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the State, or may result in the State having to deduct backup withholding amounts from its remittances to you.

U.S. Taxpayer Identification Number (TIN) _____ If none, but applied for, date applied _____
(This number is also known as Federal Employer Identification Number [FEIN])

U.S. Social Security Number (SSN) _____ If none, but applied for, date applied _____

Check the box below that best describes your residency status:

Companies:

- Domestic (U.S.) sole proprietorship
- Domestic (U.S.) partnership
- Domestic (U.S.) corporation
- Domestic (U.S.) other
- Foreign (non-U.S.) sole proprietorship **
- Foreign (non-U.S.) partnership **
- Foreign (non-U.S.) corporation **
- Foreign (non-U.S.) other ** - explain _____

Individuals:

- Citizen (individual) of the United States
- Resident alien (individual) of the United States
- Non-resident alien (individual) **

** NOTE: IF YOU MARK THIS BOX, WE WILL FORWARD AN INTERNAL REVENUE SERVICE (IRS) FORM W-8, CERTIFICATE OF FOREIGN STATUS, TO YOU. THIS MAY EXEMPT YOU FROM BACKUP WITHHOLDING. FORM W-8 DOES NOT EXEMPT YOU FROM THE 30% (OR LOWER PERCENTAGE BY TREATY) NONRESIDENT WITHHOLDING TAXES. TO CLAIM THIS EXEMPTION, YOU MUST FILE IRS FORM 8233 WITH US. FOR MORE INFORMATION, REFER TO IRS PUBLICATION 519.

SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN

Signature of Vendor Representative or Individual Payee

Date

Title of individual signing form for company

1099 Reportable

Add: Remove:

AGENCY: If payments to said vendor/Payee are represented by any of the Object of Expenditure Account Codes from the authorized list (see instructions), check the *Add* box.

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- Include your training documentation?
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REMEMBER to:

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CDA/CCP Assessment c/o Scholars
Attention: Jamie Girard
P.O. Box 108850
Oklahoma City, OK 73101-8850