



CDA RENEWAL APPLICATION FORM

PLEASE NOTE: *This form is only for use when applying on paper. To apply online, please visit www.cdacouncil.org/yourcda.*

RENEWAL CANDIDATE INFORMATION

Date of Original CDA Credential: _____ Last four digits of Social Security #: _____

Setting of Original Credential: Family Child Care____ Infant/Toddler____ Preschool____ Home Visitor____

Bilingual Family Child Care____ Bilingual Preschool____ Bilingual Infant/Toddler____ Bilingual Home Visitor ____

Personal Data (Please Print):

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ ZIP Code _____

Preferred Phone Number (____) _____ E-mail _____

Please Read and Sign Below:

1. I am enclosing a check or money order in the amount of \$50.00 for the Renewal Fee, payable to the Council for Professional Recognition.
2. I testify that I have read the requirements of the CDA Renewal System, and I have met all requirements. I understand that individuals convicted of a crime involving child abuse or neglect are ineligible to apply for or hold the CDA Credential. If I am awarded a CDA Renewal Credential and the right to use the title *Child Development Associate*® and its abbreviation, CDA, in connection with my name, I agree to meet the standards of the Child Development Associate® to the best of my ability, to conduct myself in a professional manner, and to abide by the NAEYC Code of Ethical Conduct. I testify that all answers to all questions on the application given are true to the best of my knowledge.
3. I testify that the Early Childhood Education Reviewer I have chosen has met all requirements, including current knowledge of my skills and abilities in working with young children.

Renewal Candidate's Signature

Date

FOR FINANCE USE ONLY
Approval: _____
Payment Type: _____
A/C Code: _____
Date: _____



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