



Renewal (Online)

CDTC Permit Stipend Policies 2021-2022 Program Year

**For timely processing of your application, please read and follow all directions carefully.
Incomplete applications are returned to the applicant unprocessed.**

Refer to the stipend permit page at www.childdevelopment.org for detailed program policies.

- The Permit Stipend Program is limited to *one time per person each year*.**
 - The current year runs from July 1, 2021 through June 30, 2022.
- The CDTC will reimburse applicants who pay the renewal application fee online at www.ctc.ca.gov if they are eligible. *Please do not send payment.*
- Stipend payments for online renewals are currently available for: *Teacher and Master Teacher*.**
 - Participation in the Permit Stipend Program is optional.
- Renewals must be made when CDTC stipend funding is available in order to be eligible. *Permit renewals submitted outside of funding dates are not eligible for reimbursement.*
- Permit Stipend Funding is processed on a first-come, first-serve basis.
- Applicant must work or live in California to be eligible for the stipend program.
- Print all forms single sided. Do not submit forms printed back to back.
- Complete the submittal checklist (next page) to ensure your application is complete.

Send your application to:
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h V\ u with application

For assistance or questions, please email CDTC-Permit@yosemite.edu.



Renewal (Online)

CDTC Child Development Permit Checklist 2021-2022 Program Year

Complete the steps below and mail original documents to CDTC when complete.

- Refer to www.childdevelopment.org for a complete list of policies and information.

- ☐ **CDTC Permit Stipend Request Form**
 1. Complete all required fields.
 2. Online renewal reimbursement is only available for Teacher and Master Teacher level permits.
- ☐ **Renew online and pay fees**
 1. Complete the online permit renewal process on the Commission on Teacher Credentialing (CTC) website at www.ctc.ca.gov, under "Educator Login".
 - Refer to the renewal tutorial on the website for assistance.
 - Pay all renewal fees online.
- ☐ **Payment confirmation page.** Print confirmation showing payment date, amount and permit level.
- ☐ **Copy of permit** being renewed.
 - Available at www.ctc.ca.gov "Educator Login".
- ☐ **Confidential Profile for Direct Service Participants Form** (PD Profile).

Make a copy for your records. Do not include any form of payment with your application.

Mail original application documents to:

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For further assistance please email CDTC-Permit@yosemite.edu.



2021-2022 CDTC Child Development Permit Stipend Request Form

CDTC use only:

Permit application fee
paid by CDTC:

- » The Permit Stipend Request form must accompany all required application documents, DO NOT mail separately to the Child Development Training Consortium (CDTC) or the California Commission on Teacher Credentialing (CTC).
- » Review the CDTC Submittal Checklist for all required application documents at www.childdevelopment.org.

1) *Full Legal Name (First/Middle/Last):		/ /	
2) *Birthdate (mm/dd/yyyy):	3) *Last Five Digits of Social Security Number: _ _ _ _ _		
4) *Mailing Address:		5) *State:	
6) *City:	7) *Zip:	8) *County: (Note: <u>Not</u> USA)	
9) *Email:			
10) Contact Phone Number: ()		11) Gender: Female Male	
12) Does your employer participate in Quality Counts CA (QCC/QRIS): No Yes Don't Know/Not working			
13) Race/Ethnicity: Asian African-American/Black Alaskan/Native American Hispanic/Latino Multi-racial Pacific Islander Other (specify): White/Caucasian			
14) Currently Attending College: No Yes, Name of College:			

You are applying for the CDTC to pay the application fee on your behalf to the Commission on Teacher Credentialing (CTC).

15) *Permit Type: (select <u>only one</u>) First Permit being issued Renewing Current Permit Upgrading Renewed Online; Reimbursement <i>If none of these stipend types apply, you do not qualify for the Permit Stipend Program.</i>	16) *Requesting Permit Level: (select <u>only one</u>) Assistant Master Teacher Associate Site Supervisor Teacher Program Director Optional Selections - not required Option 1 Option 2 School Age Emphasis (see ctc.ca.gov for more information)
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17) I verify that all required permit application documents are complete and attached. I understand if the permit application packet is found to be incomplete or needs corrections, CDTC will return it to me unprocessed. CDTC will allow me to resubmit the permit application for the permit stipend one time only. I certify that my information may be provided to the stipend provider, the California Department of Education - Early Learning and Care Division, and/or their research partners for evaluating this project.

*Applicant Signature: _____ *Date: _____

Mail this completed form with all permit application documents to:

Child Development Training Consortium
P.O. Box 3603 Modesto, CA 95352

For assistance email CDTC-Permit@yosemite.edu

Do not write in this space (For CDTC Staff Use Only)

Type of Permit:

- ☐ First Time
☐ Renewal
☐ Upgrade
☐ Online Renewal

Live Scan:

☐ Yes ☐ No ☐ CC

PD Profile: ☐

Date Rec'd:

Date Above:

File Date:

Date Above:

*=Required Fields

Confidential Profile for Direct Service Participants

California Department of Education, Early Learning and Care Division, Quality Improvement Training

This stipend is funded through the California Department of Education (CDE), Early Learning and Care (ELCD) Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts.

These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

The following two fields are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

Date of Birth:

Place of Birth:

Last five digits of SSN:

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Education Information

1. What is your highest level of education? Please check only ONE answer – your highest level.

- | | |
|--|---|
| <input type="checkbox"/> No High School diploma/No GED | <input type="checkbox"/> BA/BS (4-year college level) |
| <input type="checkbox"/> High School diploma/GED | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> AA/AS (2-year college level) | <input type="checkbox"/> Doctorate |

2. Do you have a college degree from a foreign country?

- ☐ Yes ☐ No ☐ I do not have a degree

3. If you have a degree, please select the area that best represents the major for any degree you have attained. Check all that apply.

Degree	ECE/Child/Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
AA/AS/2 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have a current California child development permit? If yes, what level?

- | | |
|---|--|
| <input type="checkbox"/> I do not have a permit | <input type="checkbox"/> Master Teacher |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Site Supervisor |
| <input type="checkbox"/> Associate Teacher | <input type="checkbox"/> Program Director |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Children's Center Instruction |

5. Do you have a current California teacher credential? If yes, what level?

- | | |
|---|--|
| <input type="checkbox"/> I do not have a credential | <input type="checkbox"/> Reading/Language Arts |
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> School Nurse Services |
| <input type="checkbox"/> Bilingual Specialist | <input type="checkbox"/> Single Subject |
| <input type="checkbox"/> Clinical/Rehabilitative Services | <input type="checkbox"/> Specialist Instruction |
| <input type="checkbox"/> Early Childhood Special Educ. | <input type="checkbox"/> Speech-Language Pathology |
| <input type="checkbox"/> Multiple Subject | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pupil Personnel Services | |

Employment Information

If you are not currently employed, please skip to question #16.

6. What is your city of employment? _____

7. What is your county of employment? _____

8. What is your zip code of employment? _____

9. Which best describes the setting or program you primarily work in? **Please check only one answer.**

- ☐ Licensed child care center/early childhood program (including Head Start, after-school programs, etc.)
- ☐ License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
- ☐ Informal provider (family, friend, neighbor)
- ☐ Licensed family child care home

10. If you work in a center or school-based program, which best describes your primary position? *(If working as a substitute, please specify position type in which you most frequently work.)*

- ☐ Assistant/teacher aide/associate
- ☐ Teacher/lead teacher/associate
- ☐ Teacher-director
- ☐ Site Supervisor
- ☐ Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor)
- ☐ Professional support (e.g. curriculum specialist, mental health consultant)
- ☐ Other (please specify) _____
- ☐ Assistant Director
- ☐ Director-single site
- ☐ Director-multi site
- ☐ Executive Director

11. If you work in a family child care home, which best describes your primary position?

- ☐ Owner/operator of the family child care
- ☐ Assistant in the family child care
- ☐ Other

12. Please write in the number of years you have been employed in the ECE field: (if less than one year, write 1)

_____ years working in the ECE field _____ Number of paid hours per week
_____ working with current employer _____ Number of months worked per year
_____ in current position with current employer

13. What is your current gross salary, for this early care and education job (before taxes and other deductions)?

Please respond to only one (hour, month or year). *Wage information is collected to help the California Department of Education better understand and report on wage levels of early care and education providers. All information will remain confidential and will be used for statistical purposes only.*

_____ Per Hour _____ Per Month _____ Per Year

14. How many children are enrolled in your classroom or program? (List number of children for each age below.)

(If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program.)

_____ Less than 1 year _____ 3 year old
_____ 1 year old _____ 4 year old through prekindergarten
_____ 2 year old _____ School-age in before/after school program

15. Do you currently care for children who are dual language learners?

- ☐ Yes
- ☐ No
- ☐ Don't Know

16. Do you currently care for children who have Individualized Family Service Plan (IFSP), or Individualized Education Plan (IEP)?

☐ Yes ☐ No ☐ Don't know

17. Is the program where you are employed participating in Quality Counts California (QCC or local QRIS program)?

☐ Yes ☐ No ☐ Don't know

Demographic Information

18. What is your gender?

☐ Female ☐ Non-binary
☐ Male ☐ Other

19. Are you Hispanic? ☐ Yes ☐ No

20. How do you identify your race/ethnicity? Please check **ONLY ONE** answer.

☐ Bi-racial or Multi-racial ☐ Native American or Alaskan
☐ Asian ☐ Pacific Islander
☐ Black or African-American ☐ White or Caucasian
☐ Latino or Hispanic ☐ Other (please specify) _____

21. What is the primary language you speak at home?

☐ English ☐ Tagalog
☐ Spanish ☐ Vietnamese
☐ Mandarin and/or Cantonese ☐ Hmong
☐ Russian ☐ Other (please specify) _____

22. Please check all the languages you speak fluently.

☐ English ☐ Tagalog
☐ Spanish ☐ Vietnamese
☐ Mandarin and/or Cantonese ☐ Hmong
☐ Russian ☐ Other (please specify) _____

The California ECE Workforce Registry is a state, regional and local collaboration designed to track and promote the education, training and experience of the early care and education workforce for the purpose of improving professionalism and workforce quality to positively impact children. If you would like more information or to sign up for this workforce registry please go to their website: <https://www.caregistry.org/>

If you have a registry ID number, do you give us permission to include the information you provided on this form (including date of birth, and last five digits of your social security number) to the registry? *Submission of your information to the registry will be done in a confidential and security manner.*

☐ Yes -- Registry Number: _____
☐ No