



Child Development Associate

REIMBURSEMENT APPLICATION

July 1, 2020 —June 30, 2021

CDA

We're pleased to support your professional development! Follow the guidelines and submit your application to receive reimbursement for your Child Development Associate (CDA) Certification application or renewal—up to \$500 until June 30!

ELIGIBILITY CRITERIA: Must meet all criteria.

- ✓ My membership in the Alaska SEED Registry is current/active.
- ✓ My CDA application/renewal fee has NOT been fully covered by other financial aid.
- ✓ I am an early childhood or school-age professional operating or working as a paid employee of a licensed (State of Alaska or Municipality of Anchorage) child care facility, Head Start, or pre-elementary school district program, or a State of Alaska Child Care Assistance Program approved child care facility.

GUIDELINES FOR REIMBURSEMENT

Pursuing or renewing your CDA? Follow these guidelines to receive up to \$500 for one CDA application or renewal fee, pre-paid directly to the Council for Professional Recognition, or as a 100% reimbursement to you. You will NOT be required to provide proof you earned the CDA Credential in order to submit the CDA reimbursement application.

	CDA Application	CDA Renewal
Allowable Reimbursement Amount*	<ul style="list-style-type: none">• Up to \$425 online fee• Up to \$500 paper application via U.S. mail	<ul style="list-style-type: none">• Up to \$125 online fee• Up to \$150 paper application via U.S. mail
Required Documentation (Electronic, scan, photocopy accepted)	<ul style="list-style-type: none">• For reimbursement, submit proof of payment made to Council for Professional Recognition (receipt, canceled check, credit card or bank statement, etc.) with your name and date of payment.	
Deadlines	<ul style="list-style-type: none">• For CDA application or renewal fee paid directly to the Council for Professional Recognition, payment must have been made to the Council within the past 60 business days.• Reimbursement will be made within 45 business days from completed application receipt date. Funding is on a first come, first serve basis.	

**CDA reimbursements will be reduced by the amount of other scholarships and/or financial aid you have already received.*



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Please print in **black** or **blue** ink or complete electronically, and then print and sign your application. Incomplete, illegible, or incorrect applications will not be processed. **Funding is on a first come, first serve basis.** *** = REQUIRED FIELD.**

APPLICANT INFO		
*First Name:	*Last Name:	*Active Alaska SEED member: <input type="checkbox"/>
*E-mail:		*Phone:
I am applying for: <input type="checkbox"/> Preschool CDA <input type="checkbox"/> Infant-Toddler CDA <input type="checkbox"/> Family Child Care CDA <input type="checkbox"/> Home Visitor CDA		
APPLICANT FACILITY INFO		
*Facility/Approved Provider Name:		
*Administrator Name:		Facility is licensed or approved: <input type="checkbox"/> Center <input type="checkbox"/> Group Home <input type="checkbox"/> Home
REIMBURSEMENT INFO		
*CDA Payment Type: <input type="checkbox"/> Application Fee <input type="checkbox"/> Renewal Fee	*Amount Requested: \$	
* <input type="checkbox"/> For direct payment to CDA Council, 7-digit Customer ID Number Issued by the Council:		
* Reimburse/Make Check Payable to:		
(Programs paying with a business credit card with an employee's name on the card will be paid to the program, not the individual)		
*Mailing Address:	*City:	*Zip:

INITIAL HERE

_____ I agree to the following:

- Eligibility requirements and guidelines have been reviewed and met.
- The required application fields (*) are filled in.
- For direct payment: I have included my Council ID Number above.
- For reimbursement: CDA application or renewal fee was paid within the **past 60 business days**.
- Receipt(s) or proof of payment with candidate's name and date of payment are attached. Proof of earning the CDA Credential is NOT required with this application.
- **Stop Payment Policy:** If the address provided is incomplete, incorrect, or the check is lost and a replacement check is issued, the \$25 Stop Payment bank fee will be deducted from the replacement check.

The information I am providing in this application is true and accurate to the best of my knowledge. Falsification of any information may result in repayment of funds and the inability to receive future reimbursement funds.

SIGN HERE

Signature: _____ Date: _____

Please submit your **SIGNED** completed application via email (scanned copies), fax, mail to:

Alaska SEED

3350 Commercial Drive, Suite 203 | Anchorage, AK 99501 | info@seedalaska.org

Telephone: 907.265.3194 | Toll Free: 1.855.265.7333

Fax: 907.265.3195 | Toll Free Fax: 1.855.265.3195