Directions: Please check off ONE answer for each question unless directed otherwise. When asked to provide numbers, please write individual numbers in the boxes provided.

1) Work Zip Code

2) County of Employment

3) For how many years have you been a child care provider? Round to the nearest year, e.g., 2.5 years would be 3 years.

4) What is your highest level of completed education?
   - Grades 1-11 (Go to #5.)
   - High School Diploma/High School Equivalency (Go to #5.)
   - Some College (Go to #4a.)
   - Associate’s Degree (Go to #4b.)
   - Bachelor’s Degree (Go to #4b.)
   - Master’s Degree or higher (Go to #4b.)

4a) How many credits have you completed? (Go to #5.)

4b) Did you receive your degree in the past 12 months?
   - Yes
   - No

5) In what type of child care setting do you work?
   - Family Day Care
   - Group Family Day Care
   - Head Start Program
   - School Age Child Care
   - Legally Exempt
   - Day Care Center
   - Other (Please fill in below.)

6) What is your current job title?
   - Director
   - Assistant Director
   - Day Care Provider
   - Day Care Assistant
   - Day Care Substitute
   - Head or Lead Teacher
   - Assistant Teacher
   - Aide
   - UPK (Universal Pre-K) Teacher
   - Other (Please fill in below.)

7) What is your PRIMARY language? (the one you speak most of the time)
   - English
   - Spanish
   - Chinese
   - Russian
   - Haitian Creole
   - Korean
   - Italian
   - Other (Please fill in below.)

8) What is your age?
   - Less than 18 years
   - 18-24 years
   - 25-34 years
   - 35-44 years
   - 45-54 years
   - 55-64 years
   - 65 years or more
   - Prefer not to answer

9) Do you have a CDA (Child Development Associate) credential or other early childhood certificate or credential? Yes
   No (Go to #10.)

9a) If Yes, which early childhood credential(s) do you have? (Go to #10c.)
   - Child Development Associate (CDA)
   - Family Child Care Accreditation (FCCA)
   - New York State School Age Child Care Credential (SACC)
   - New York State Infant/Toddler Credential (NYS ITC)
   - Children’s Program Administrator Credential (CPAC)
   - Other

10) Are you familiar with the CDA credential?
   - Yes (Go to #10a.)
   - No (Go to #10c.)

10a) Are you currently working on obtaining a CDA credential?
   - Yes (Go to #10c.)
   - No (Go to #10b.)

10b) Are you interested in pursuing a CDA credential?
   - Yes (Go to #10c.)
   - No END OF SURVEY

10c) If you would like more information about the CDA, please provide your email address below.

THANK YOU FOR COMPLETING THIS SURVEY!
Section 1  Applicant Information

Complete all fields.

First Name: ___________________________________________ Last Name: ___________________________________________
Mailing Address: ____________________________________________________________ Apt.#: _____________________________
City: ___________________________ State: ___________________________ Zip: _____________________________
County of Residence: _____________________________________________________________
Home Phone: ___________________________ ( ________ ) ________ - _____________________________
Email address: ________________________________________________________________

Do you currently hold a permanent/professional teacher certification?  ___________________________ Yes   ___________________________ No
Are you a U.S. Citizen, Permanent Alien or Resident Alien authorized to work in the U.S.?  ___________________________ Yes   ___________________________ No
Are you enrolled in an Early Childhood or related degree program in an institute of higher education?  ___________________________ Yes   ___________________________ No
_________ I submitted my most recent Federal Income Tax Return (1040).  ! Either 2015 Form 1040 (before 4/15/17) or 2016 Form 1040 (on or after 4/15/17)

Section 2  Child Care Employment Information

Complete all fields.

Name of Child Care Employer: __________________________________________________________
Child Care Facility / Work Address: _______________________________________________________
City: ___________________________ State: ___________________________ Zip: _____________________________
Program County/Borough: ___________________________________________________________
Work Phone: ___________________________ ( ________ ) ________ - _____________________________
Child Care Program Operating Permit/License #: ___________________________ Permit/License Expiration Date: ___________________________

Family Day Care  ____________ Group Family Day Care  ____________ Day Care Center/Head Start  ____________ School Age Child Care
Job Title: __________________________________________________________

Are you currently providing care for children as part of the regulated adult/child ratio for this program or directly supervising someone who is?  ___________________________ Yes   ___________________________ No
Did you attach Proof of Employment?  ___________________________ Yes   ___________________________ No

The Educational Incentive Program is sponsored by the New York State Office of Children and Family Services, funded by the federal Child Care Development Fund and administered by the Professional Development Program, Rockefeller College, University at Albany
## Section 3  Training Information

Complete all fields.

<table>
<thead>
<tr>
<th>Delivery Type:</th>
<th>Training Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td>Training/Conference/Workshop</td>
</tr>
<tr>
<td>Distance Learning/Online Training</td>
<td>Training leading to a Credential</td>
</tr>
<tr>
<td>Coaching</td>
<td>Credential/Assessment Fee</td>
</tr>
<tr>
<td></td>
<td>College Credit</td>
</tr>
<tr>
<td></td>
<td>Coaching</td>
</tr>
<tr>
<td></td>
<td>CPR/First Aid</td>
</tr>
</tbody>
</table>

**Do not complete this application for CDA activities, use the separate CDA application.**

**Applicant Social Security Number:**

Copy this page if applying for more than one training.

**Name of College/Training Organization:**

**Title of Training:**

**Training Start Date:**

**Training End Date:**

**Training Organization/College Zip Code:**

**Total Cost of Training:**

**Number of College Credits or Training Hours:**

**Trainer First Name:**

**Trainer Aspire ID#:**

(if known)

**Trainer Last Name:**

**Number of College Credits or Training Hours:**

### Section 4  EIP Agreement

**Please read this carefully.**

- The information on this application is true.
- I will provide the additional documentation requested to support the information on the application.
- EIP reserves the right to seek additional verification that the tax forms submitted are accurate and authentic.
- I will return all unused EIP awards within 60 days of the training start date or award issue date.
- I am responsible for tuition and costs not covered by EIP.
- I will pay EIP back for all training I do not attend or successfully complete or if it is verified that my eligibility was fraudulently documented.
- I will inform EIP if other scholarships, grants or financial aid pays for my course(s)/training(s).
- I understand EIP scholarships may be considered taxable income. I will follow all federal, state and local requirements regarding reporting and payment of taxes.
- I must provide proof of successful completion for the training above.
- I understand if I do not submit proof of completion, I will not be eligible for future EIP awards until required documentation is received by EIP.
- The information on this application is true.
- I will provide the additional documentation requested to support the information on the application.
- EIP reserves the right to seek additional verification that the tax forms submitted are accurate and authentic.
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- I understand if I do not submit proof of completion, I will not be eligible for future EIP awards until required documentation is received by EIP.

**Your original signature indicates you have read, understood and agree to the statements above.**

**Applicant’s Signature:** ___________________________  **Date:** ___________

**Please print name:** ___________________________

### Did You...

Incomplete applications will not be considered received and will not be processed.

- complete sections 1, 2 and 3?
- attach all required documents?
- read, sign and date the agreement?
- mail the application by the appropriate deadline?

**Questions? Visit:** www.ecetp.pdp.albany.edu  **e-mail:** eip@albany.edu  **or call:** 800-295-9616

**EIP does not accept faxed applications.**

EIP is not responsible for lost or stolen mail.

Online applications are also available at: www.ecetp.pdp.albany.edu

Mail your completed application and supporting documentation together to:

Professional Development Program Educational Incentive Program
4 Tower Place, 4th Floor
Albany, NY 12203