



190 Crossroads Pkwy.  
Savannah, GA 31407  
912. 443.3011

## CCR&R Child Development Associate Advisor Request Form

<b>CDA Candidate's Name</b>	
<b>Position</b>	

<b>Date of Request</b>			
<b>Program Name</b>			
<b>Director</b>			
<b>Address</b>			
<b>County</b>			
<b>Contact Person(s):</b>			
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>			
<b>Type of Facility</b>	<input type="checkbox"/> Center	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Group Day Care	
	<input type="checkbox"/> Head Start/EHS	<input type="checkbox"/> GA Pre-K	

<b>Reason for Request</b>	<input type="checkbox"/> CDA Renewal	<b>Type of Credential</b>	<input type="checkbox"/> Infant/Toddler
	<input type="checkbox"/> Initial CDA		<input type="checkbox"/> Preschool
		<input type="checkbox"/> Family Child Care	
<b>Summary of activities to complete prior to submitting CDA Advisor Request Form to the CCR&amp;R:</b>	<input type="checkbox"/> Purchase CDA application packet <input type="checkbox"/> Fill out sections 1-5 and 7 of the Direct Assessment Application		
	<input type="checkbox"/> Collect completed Parent Opinion Questionnaires		
	<input type="checkbox"/> Completed Professional Resource File		
<b>Fax, mail, or email the request form to:</b>	Katrina Chance, Assistant Director Child Care Resource and Referral of SEGA 190 Crossroads Parkway Savannah, GA 31407: <a href="mailto:kchance@savannahtech.edu">kchance@savannahtech.edu</a> or (fax) 912.966.6713		

<b>Requestor's Signature</b>	<b>Date</b>

### CCR&R OFFICE USE ONLY

<b>CCR&amp;R Office Response</b>			
<b>Date Request Received:</b>			
<b>TA Staff Assigned:</b>		<b>Date</b>	