

Military School Age Credential Assessment Request Form



Candidate Observation Location

City _____ State _____ ZIP _____

Military Installation _____

Program/Center _____

Assessment Dates Preferred

Date _____

Date _____

Date _____

Payment

- ☐ Enclosed payment authorization from your program (authorization letter, etc. NO CASH PLEASE. (See last page)

I understand that by signing this Request for Assessment Form, I am certifying that funds are available to pay the travel and per diem costs (TDY) of the Military School-Age Representative assigned to this assessment. I further understand that the Council will make a reasonable attempt to assign a Representative in close proximity to this installation. However, it may be necessary to pay for air transportation, food, and lodging in conjunction with this assessment.

Signature and Title of Authorized Individual

Date

Send the completed Assessment Request Form payment authorization, verification of training and first aid and CPR (via email) to: msa@cdacouncil.org.

INCOMPLETE FORMS WILL BE RETURNED.

The Council for Professional Recognition
2460 16th Street, NW
Washington, DC 20009-3575

1. CANDIDATE'S PERSONAL DATA

Please print clearly.

☐ Mr. ☐ Mrs. ☐ Ms. Candidate's Name: Last _____ First _____ Middle _____

Gender: ☐ Male ☐ Female Email _____

Mailing Address (if applicable apartment number) _____

City _____ County _____ State _____ ZIP _____

Telephone (_____) _____ (_____) _____
Area Code Home Telephone Number Area Code Work Telephone Number

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2. TYPE OF PROGRAM

☐ School Age ☐ Child Development ☐ Youth

3. EDUCATION AND TRAINING *(List only three)*

Name of Specific Course/Workshop/Seminar	Date	Name of Installation or College/University
1. Foundation Level IDP Completed	_____	_____
	_____	_____
2. Other	_____	_____

4. CANDIDATE'S VERIFICATION *(Please check each step that you have completed and sign below.)*

- ☐ I have been observed by my advisor.
- ☐ I have been observed by my Family/Community Representative.
- ☐ I have completed a portfolio of my work in accordance with requirements.
- ☐ I have completed the Resource Collection in accordance with requirements.

Date of oldest portfolio entry _____

Date of last portfolio entry _____

5. PROGRAM OPERATION

Hours and days of the week that youth attend program _____

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6. STATEMENT *(Candidate, please read and sign)*

I am a candidate for the Military School-Age Associate Credential. I certify I meet all the eligibility requirements to obtain a Military School-Age Credential. I am now ready for the Verification Visit by a Military School-Age Representative. If I am awarded the Military School-Age Credential, I agree to uphold the Military School-Age Credential Competency Standards with honor to the best of my ability and to conduct myself in a professional manner. I testify that all answers given to all questions on this Request for Assessment Form are true to the best of my knowledge.

Candidate's Signature _____

Date _____

7. STATEMENT *(Program Director, please read and sign)*

Program Director Signature _____

Date _____

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8. ADVISOR'S PERSONAL DATA *(To be completed by the Advisor)*

Please print clearly.

☐ Mr. ☐ Mrs. ☐ Ms. Advisor's Name: Last _____ First _____ Middle _____

Email _____

Mailing Address (if applicable apartment number) _____

City _____ County _____ State _____ ZIP _____

Telephone (_____) _____ (_____) _____
Area Code Home Telephone Number Area Code Work Telephone Number

9. CONFLICT OF INTEREST *(To be eligible, Advisor must answer "no" to all questions.)*

- ☐ Yes ☐ No Is the candidate currently the staff member/provider for your youth or any of your relative's youth?
- ☐ Yes ☐ No Are you related by blood, marriage, or legal relationship to the candidate?
- ☐ Yes ☐ No Did the candidate serve on your Local Assessment Team if you had a MSA Assessment?

10. ADVISOR'S VERIFICATION *(Please check each step you have completed and sign below.)*

- ☐ I have had a professional relationship with the candidate for at least 12 weeks.
- ☐ I have observed the candidate working with youth in their assessment group.
- ☐ I have completed the Advisor Observation Instrument in compliance with the information collection requirements for this candidate's specific setting.

Observation Dates: _____

- ☐ I have contacted families of youth in the candidate's group to have them complete the Youth Family Questionnaire.
- ☐ I have received the completed Youth Family Questionnaires and have completed the tally sheet.

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Program Information (Please print clearly)

Name _____

Name of Facility or Family Child Care Program

Telephone (_____) _____

Area Code

Telephone Number

I understand the requirements of the Military School-Age Assessment System and I hereby grant permission for this candidate to be observed in this program by the Local Assessment Team.

Signature and Title _____

Telephone (_____) _____

Area Code

Telephone Number

I agree to serve as the advisor for this candidate. I have read the advisor education and experience requirements for the MSA assessment, and I meet these requirements. I am familiar with the Department of Defense's standards and requirements for out-of-school programs. I am also familiar with the program where the candidate will be observed by the Local Assessment Team, as well as the needs of the community and its youth. I am able to speak, read, and write English well enough to carry out all assessment responsibilities of a Military School-Age Advisor.

I testify that all answers on this Assessment Request Form are true to the best of my knowledge. I promise to carry out all the responsibilities of a Military School-Age Advisor in a professional manner and to keep in strictest confidence all personal information that I acquire during the assessment process. I will share such information only with other members of the Local Assessment Team, authorized representatives of the Council for Professional Recognition, or authorized Services Headquarters Child and Youth personnel.

Advisor's Signature _____

Date _____

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12. FAMILY/COMMUNITY REPRESENTATIVE'S PERSONAL DATA *(To be completed by the Family/Community Representative)*

Please print clearly.

☐ Mr. ☐ Mrs. ☐ Ms. Family/Community Representative's Name: Last _____ First _____

Mailing Address (if applicable apartment number) _____

City _____ County _____ State _____ ZIP _____

Telephone (_____) _____ Email _____
Area Code Home Telephone Number

13. CONFLICT OF INTEREST *(To be eligible, Family/Community Representative must answer "no" to all questions.)*

- ☐ Yes ☐ No Are you presently employed by the candidate's program?
- ☐ Yes ☐ No Is the candidate currently the staff member/provider for your youth or any of your relative's youth?
- ☐ Yes ☐ No Are you related by blood, marriage, or legal relationship to the candidate?
- ☐ Yes ☐ No Was this candidate a member of your Local Assessment Team if you had a MSA Assessment?

14. FAMILY/COMMUNITY REPRESENTATIVE'S VERIFICATION *(Please check each step you have completed and sign below.)*

- ☐ I have completed the Summary of Youth Family Questionnaires.
- ☐ I have observed the candidate working with youth in their assessment group.
- ☐ I have completed the Family/Community Representative Observation Form in compliance with the information collection requirements for the candidate's setting.

Observation Dates: _____

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15. STATEMENT

(Family/Community Representative, please read and sign)

I agree to serve as the Family/Community Representative for this Candidate. I have read the eligibility requirements for the Military School-Age Credential assessment, and I meet these requirements.

I testify that all answers on this Request for Assessment Form are true to the best of my knowledge. I realize that I must participate in the Local Assessment Team meeting, which will last at least four hours. I promise to carry out all the responsibilities of a School-Age Credential Family/Community Representative in a serious manner and to keep in strictest confidence all personal information that I acquire during the assessment process. I will share such information only with other members of the Local Assessment Team, authorized representatives of the Council for Professional Recognition, or authorized Services Headquarters Child and Youth personnel.

Family/Community Representative's Signature _____ Date _____

ALL ITEMS MUST BE COMPLETED BEFORE SUBMITTING

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Payment Details

The **Application Fee of \$300.00** is non-refundable and non-transferable. Applications sent without payment or payment authorization will not be processed. **Cash will not be accepted.**

Indicate payment option:

1. A non-refundable check or money order made payable to the Council for Professional Recognition.
2. My Military Branch (Air Force, Army, Navy, or Marine Corps) is paying all or part of my application fee. I have enclosed a purchase order or authorization letter. ***Please circle branch.***
3. Credit card. (Complete credit card section below)

To pay with credit card, complete all fields below:

Select form of payment: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Card Number: _____

EXP Date: _____ CVC Code: _____

Dollar Amount: \$ _____

Name on Card: _____

Billing Address: _____

City: State: Zip Code: _____

Authorized Signature: _____