

The Military School-Age Credential Renewal Application



CANDIDATE INFORMATION *(As it appears on current MSA credential)*

First Name _____ Middle Name _____
Last Name _____

Name change (optional): If your name is different from how it appears on your current MSA Credential, complete the name fields below. Submit official documentation to verify this change to the MSA Coordinator. Example: marriage certificate, divorce decree, or petition for name change form.

Updated First Name _____

Updated Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Date of Birth (mm/dd/yyyy) _____

Payment

The **Application Fee of \$150.00** is non-refundable and non-transferable. Applications sent without payment 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 voucher or purchase order. ***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: \$ _____

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Name on Card: _____

Billing Address: _____

City, State, Zip Code: _____

Authorized Signature: _____

Verification of 80 Hours of Work Experience

*This section should be completed and signed by the **renewal candidate's supervisor**. This section is to verify that the renewal candidate has fulfilled the experience requirement.*

Please print legibly.

MSA Renewal Candidate's Name: _____

As the **renewal candidate's supervisor**, you verify the candidate's 80 hours of work experience with youth in an out-of-school time program within the past year.

The following statement must be checked off by the renewal candidate's supervisor.

- ☐ I certify that the candidate has at least 80 hours of work experience with youth in an out-of-school time program within the past year.

SUPERVISOR'S INFORMATION

First Name _____

Last Name _____

Position _____

Military Branch _____

Email _____

Primary Phone Number _____

I am neither related to the candidate nor youth in the candidate's care by blood, marriage, or other legal relationship. I do not work directly with the candidate as a co-teacher.

Supervisor's Signature _____ Date _____

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Candidate Training and Membership Verification

*This section should be completed by the **MSA Reviewer**. This section is to verify that the renewal candidate has fulfilled the MSA renewal training and membership requirements.*

Do not submit additional training documentation, as it will not be reviewed.

MSA Renewal Candidate's Name: _____

As the authorized person selected to complete this section, you agree to verify that the Candidate has fulfilled the training and membership requirements as outlined in the Renewal Procedures Guide. In order to complete this verification process, you will need to review the candidate's training record and documentation and view a current copy of membership documentation to a national or local school-age professional organization.

The following five statements must be checked off by the MSA Reviewer to complete the verification of training and membership:

TRAINING

- ☐ Training was in the form of three college credits, **or** 4.5 CEUs, **or** 45 clock hours.
- ☐ Training documentation is either in the form of a college transcript, official certificates, or a letter on official letterhead from the military installation. All training documentation must include the military installation name, official service seal/logo, candidate name, training topic, credits/hours/CEUs awarded, date of training, and official signature.
- ☐ Training was taken after the issue date on the candidate's most current credential (not to exceed three years).
- ☐ Training was directly related to out-of-school time programs, elementary education, and/or youth development and was specific to working with school-age children and youth (grades K–12).

MEMBERSHIP

The following statement must be checked off by the **MSA Reviewer** to complete the verification of training and membership:

- ☐ I have viewed the renewal candidate's documentation of current membership to a national or local school-age professional organization. I have verified that the organization and documentation meet the Council's membership requirements.

Note: The Council reserves the right to request training and membership documentation be submitted directly to the Council.

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Recommendation for Renewal

*This section should be completed and signed by the **MSA Reviewer**. This section is to recommend the candidate for renewal. Please print legibly.*

In order to complete the recommendation, the MSA Reviewer must have current knowledge of the renewal candidate's skills and abilities working with youth in an out-of-school time program as they relate to the six Competency Standards and 13 Functional Areas.

Select One:

- ☐ I strongly recommend this MSA for renewal.
- ☐ I recommend this MSA for renewal.
- ☐ I recommend, with reservations, this MSA for renewal.

Please describe this MSA candidate's performance with youth and families in relation to the six Competency Goals and 13 Functional Areas as outlined in the Competency Standards included with this form.

Attach additional sheets as needed.

MSA REVIEWER'S INFORMATION

First Name _____

Last Name _____

Position _____

Military Branch _____

Email _____

Primary Phone Number _____

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Years known MSA candidate: _____ In what capacity? _____

- ☐ I affirm that I have read the training, membership, and recommendation sections of the MSA Renewal Procedures Guide and I attest to the accuracy of the above statements.
- ☐ I verify that I have firsthand knowledge of the candidate's work with youth in out-of-school time programs and that the candidate continues to implement the six Competency Standards and the 13 Functional Areas in their daily work with youth.
- ☐ I verify that I am not related to the candidate by blood, marriage, or other legal relationship and do not work as a co-teacher with the renewal candidate on a daily basis.
- ☐ I understand that the Council will conduct random audits and may contact me or the candidate regarding the contents of this form.

Supervisor's Signature _____ Date _____

Candidate Acknowledgement

My MSA Application for Renewal Includes:

- ☐ Completed Military School-Age Associate Credential Renewal Application
- ☐ Payment of \$150.00 or approved service voucher
- ☐ Copy of current Adult and Pediatric CPR

Initial beside each statement and sign:

- ☐ I affirm that I have read the MSA Renewal Procedures Guide, and I meet all requirements.
- ☐ I understand that individuals convicted of a crime involving child abuse or neglect are not eligible to apply for or hold the MSA Credential.
- ☐ If I am awarded a MSA renewal credential and the right to use the title Military School-Age Credential holder and its abbreviation, MSA, in connection with my name, I agree to meet the standards of the Military School-Age Credential to the best of my ability, and to conduct myself in a professional manner.
- ☐ I affirm that all answers to all questions on the application are true to the best of my knowledge.

Renewal Candidate's Signature _____ Date _____

All documentation must be emailed to the MSA Coordinator at msarenewal@cdacouncil.org.

Faxed or mailed applications will not be processed.