



**Crosswalk Verification for Child Development Associate Certification –
ECYD 1100 and 1210 - 6 cr.**

Student Name: _____ ID Number: _____

1. _____ Original certificate issued by the Council for Professional Recognition which includes:
 - A. 120 hours of training in 8 competency areas
 - B. Portfolio Assessment
 - C. National Proctored Exam
 - D. Skills Assessment

2. _____ Student must have the required documentation before seeking the program faculty advisor signature.

_____ Credential #

_____ Expiration Date

I have confirmed that all the above requirements have been satisfied and the documentation is attached.

Student Signature _____ Date _____

Approving Signature _____ Date _____

Registrar Signature _____ Date _____