CDA Experience Verification Page

CDA Training applicants can accumulate the 480 required hours of experience while working or volunteering in a child care program. The CDA applicant must gain the experience with the age group and setting that matches the type of credential the CDA applicant is hoping to earn.

Facility Name: _____

SCHOLARSHIPS Recipient Name: _____ Last 4 SSN: _____

CDA Trainer Name: _____

CDA Credential Type and Setting: _____

Age Group Experience was Completed In: _____

DATE	TIME IN	TIME OUT	TOTAL TIME	TEACHER INITIALS

☐ See attached timesheets from (date) ____/____/____ to ____/____/____

I verify that the above information is true to the best of my knowledge. I understand that any false or incomplete information knowingly provided on this form or in supporting documents may be grounds to be denied participation in this program and may prevent me from future participation in any DECAL Scholars programs. I understand that intentionally providing false information on this form or in supporting documents is a violation of state law and may result in civil or criminal proceedings. I authorize any agent or employee of Georgia Department of Early Care and Learning to verify this information and release it to any necessary party for my consideration in this program.

Applicant Name	Applicant Signature	Date
CDA Experience Observer Name	CDA Experience Observer Signature	Date