UTAH OFFICE OF CHILD CARE AND UTAH REGISTRY FOR PROFESSIONAL DEVELOPMENT

PROFESSIONAL DEVELOPMENT INCENTIVE (PDI) APPLICATION

VALID 7/1/2020-5/31/2021

UtahStateUniversity

SECTION 1: CANDIDATE IDENTIFICATION

LAST NAME (AS IT APPEARS ON LAST YEARS TAXES)	FIRST NAME	MIDDLE NAME	
STREET ADDRESS	CITY	COUNTY	ZIP CODE
CELL PHONE NUMBER	HOME PHONE NUMBER	DATE OF BIRTH / /	

HAVE YOU TAKEN 4 WEEKS OR MORE CONTINUOUS LEAVE DURING THE PAST YEAR? YES NO **IF YES PLEASE PROVIDE PROOF OF FMLA	EMAIL ADDRESS

PLEASE NOTE: URPD/USU USES PAYMENT WORKS TO REQUEST AND VERIFY SENSITIVE INFORMATION NECESSARY FOR YOUR PAYMENT. PLEASE WATCH YOUR EMAIL FOR INFORMATION ON HOW TO CREATE A PAYMENT WORKS ACCOUNT TO SUBMIT YOUR SSN OR EIN AND BANKING INFORMATION FOR DIRECT DEPOSIT. PLEASE CHECK THE URPD WEBSITE urpd.usu.edu FOR FAQ'S RELATED TO PAYMENT WORKS.

SECTION 2: PROGRAM IDENTIFICATION

LICENSED CENTER
LICENSED FAMILY HOME

PROGRAM NAME (LEGAL NAME OF PROGRAM)		PROGRAM TELEPHONE	
STREET ADDRESS	CITY	COUNTY	ZIP CODE
CANDIDATE POSITION TITLE	START DATE / /	TEACHER/CAREGIVER: PAID HOURS YOU WORKED PER WEEK DIRECTLY WITH CHILDREN:	
NUMBER OF CHILDREN ENROLLED IN PROGRAM NOT RELATED:	IS THE PROGRAM OPEN AND CHILDREN PRESET AT LEAST 6 HOURS A DAY, 5 DAYS A WEEK AND 12 MONTHS A YEAR? YES NO		

PLEASE LIST AGES OF CHILDREN YOU WORK DIRECTLY WITH ON A REGULAR BASIS:

SECTION 3: EMPLOYMENT VERIFICATION CANDIDATES WHO NOT THE REGISTERED OWNER OF THE PROGRAM IDENTIFIED, MUST HAVE THEIR SUPERVIOR COMPELTE THIS SECTION

SUPERVISOR NAME	TITLE	CONTACT NUMBER	EMAIL ADDRESS

I HAVE REVIEWED THE CANDIDATE AND PROGRAM IDENTIFICATION LISTED BY MY EMPLOYEE ON THIS FORM AND CERTIFY THIS INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND WILL AUTHORIZE MY PROGRAM TO PARTICIPATE IN AN RESEARCH PROJECTS OR OBSERVATIONS AT THE REQUEST OF THE OFFICE OF CHILD CARE. I UNDERSTAND I CAN AND WILL BE PENALIZED BY LAW IF I COMMIT PERJURY BY PURPOSELY CONFIRMING ANY FALSE INFORMATION ON THIS FORM. I ALSO UNDERSTAND I MAY LOSE MY OWN PRIVILEGE TO PARTICIPATE IN FUTURE CAREER LADDER AND DEPT OF WORKFORCE SERVICES GRANT PROGRAMS. AS A SUPERVISOR I VERIFY THAT THE PROGRAM HAS BEEN LICENSED SINCE CANDIDATE'S DATE OF HIRE.

	DATE
_____ DIRECTOR/OWNER SIGNATURE	/ /

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SECTION 4: CAREER LADDER- SEE URPD WEBSITE (urpd.usu.edu) FOR LEVEL REQUIREMENTS

(PLEASE NOTE THAT EACH COMPLETED CAREER LADDER LEVEL CAN ONLY BE USED ONCE TO EARN A PDI)

CHECK ALL LEVELS YOU ARE APPLYING FOR:

LEVEL 1- MUST ATTACH OR UPLOAD CURRENT FIRST AID/CPR CERTIFICATION AND NON-CAC COURSES	**LEVEL 7-** MUST ATTACH OR UPLOAD NON-CAC COURSES OR CEU/COLLEGE CREDIT OPTION, MUST ATTACH OR UPLOAD CERTIFICATE OF COMPLETION/TRANSCRIPT
LEVEL 2- MUST ATTACH OR UPLOAD NON-CAC COURSES	**LEVEL 8-** MUST ATTACH OR UPLOAD NON-CAC COURSES OR CEU/COLLEGE CREDIT OPTION, MUST ATTACH OR UPLOAD CERTIFICATE OF COMPLETION/TRANSCRIPT
LEVEL 3- MUST ATTACH OR UPLOAD NON-CAC COURSES	**LEVEL 9-** ATTACH OR UPLOAD TRANSCRIPTS & DIPLOMA
LEVEL 4- DEMONSTRATED COMPETENCY CERTIFICATION MUST ATTACH OR UPLOAD	**LEVEL 10-** ATTACH OR UPLOAD TRANSCRIPTS & DIPLOMA
LEVEL 5- MUST ATTACH OR UPLOAD NON-CAC COURSES OR CEU/COLLEGE CREDIT OPTION, MUST ATTACH OR UPLOAD CERTIFICATE OF COMPLETION/TRANSCRIPT	**LEVEL 11-** ATTACH OR UPLOAD TRANSCRIPTS & DIPLOMA
LEVEL 6- MUST ATTACH OR UPLOAD NON-CAC COURSES OR CEU/COLLEGE CREDIT OPTION, MUST ATTACH OR UPLOAD CERTIFICATE OF COMPLETION/TRANSCRIPT	**LEVEL 12-** ATTACH OR UPLOAD TRANSCRIPTS & DIPLOMA

ANY NOTES FOR PROCESSING, PLEASE LIST:

SECTION 5: ENDORSEMENTS- SEE URPD WEBSITE (urpd.usu.edu) FOR ENDORSEMENT REQUIREMENTS

NO W-9 NEEDED IF ONLY REQUESTING AN ENDORSEMENT. PLESE NOTE THERE IS NO FINANCIAL INCENTIVE FOR ENDORSEMENTS. HOWEVER, YOU CAN CONTACT YOUR LOCAL CAC OFFICE TO SEE IF THEY OFFER AN INCENTIVE

I AM APPLYING FOR AN ENDORSEMENT IN:

_____

CEU OPTION, MUST ATTACH OR UPLOAD CERTIFICATE OF COMPLETION. COLLEGE CREDIT OPTION, MUST ATTACH OR UPLOAD TRANSCRIPT

SECTION 6: CANDIDATE CERTIFICATION

I, THE CANDIDATE, CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UPON REQUEST, I AGREE TO PARTICIPATE IN ANY RESEARCH PROJECTS OR OBSERVATIONS AT THE REQEUST OF THE OFFICE OF CHILD CARE. I UNDERSTAND I CAN BE PENALIZED BY LAW IF I COMMIT PERJURY BY PURPOSELY PROVIDING FALSE INFORMATION ON THIS APPLICATION AND MAY BE REQUIRED TO RETURN AWARD FUNDS RECEIVED BY PROVIDING FALSE INFORMATION AND/OR BE SUBJECT TO FINES. I ALSO UNDERSTAND I MAY LOSE MY PRIVILEGE TO PARTICIPATE IN FUTURE CAREER LADDER AND DEPT OF WORKFORCE SERVICES GRANT PROGRAMS.

	DATE
_____ CANDIDATE SIGNATURE	/ /

THINGS TO REMEMBER

- APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED UNLESS **ALL** AREAS APPLYING TO THE INCENTIVE ARE COMPLETE
- ALL APPLICATIONS MUST BE RECEIVED BY EMAIL OR POSTMARKED BY MAY 31ST, 2021. NEW APPLICATIONS WILL BE AVAILABLE JULY 1ST, 2021

IF YOU HAVE QUESTIONS ABOUT THE UTAH PROFESSIONAL DEVELOPMENT SYSTEM OR ABOUT COMPLETING THIS APPLICATION PLEASE CONTACT THE UTAH REGISTRY FOR PROFESSIONAL DEVELOPMENT (URPD) AT 1-855-531-2468 OR BY EMAIL urpd@usu.edu MOST QUESTIONS CAN BE ANSWERED ON THE URPD WEBSITE urpd.usu.edu

EMAIL APPLICATION TO:	**urpd@usu.edu**
OR	
MAIL APPLICATION TO:	**URPD** **6515 OLD MAIN HILL** **LOGAN, UT 84322-6515**

THIS APPLICATION WILL BE NOT BE VALID AFTER 5/31/2021