



CDTC Permit Stipend Policies
2022-2023 Program Year

For timely processing of your application, please read and follow all directions carefully. Incomplete applications are returned to the applicant unprocessed. Refer to the stipend permit page at www.childdevelopment.org for detailed program policies.

- 1. The Permit Stipend Program is limited to one time per person each year.
• The current year runs from July 1, 2022 through June 30, 2023.
2. The CDTC will reimburse applicants who pay the renewal application fee online at www.ctc.ca.gov if they are eligible. Please do not send payment.
3. Stipend payments for online renewals are currently available for: All levels EXCEPT Associate Teacher.
• Participation in the Permit Stipend Program is optional.
4. Renewals must be made when CDTC stipend funding is available in order to be eligible. Permit renewals submitted outside of funding dates are not eligible for reimbursement.
5. Permit Stipend Funding is processed on a first-come, first-serve basis.
6. Applicant must work or live in California to be eligible for the stipend program.
7. Print all forms single sided. Do not submit forms printed back to back.
8. Complete the submittal checklist (next page) to ensure your application is complete.

Send application to:
# ) u # h\ " U #° "
h \ u with application

For assistance or questions, please email CDTC-Permit@yosemite.edu.



**Renewal (Online)**

**CDTC Child Development Permit Checklist 2022-2023 Program Year**

Complete the steps below and mail original documents to CDTC when complete.

- Refer to [www.childdevelopment.org](http://www.childdevelopment.org) for a complete list of policies and information.

- CDTC Permit Stipend Request Form**
  - Complete all required fields.
  - Online renewal reimbursement is available for ALL levels EXCEPT Associate Teacher level permit.
- Renew online and pay fees**
  - Complete the online permit renewal process on the Commission on Teacher Credentialing (CTC) website at [www.ctc.ca.gov](http://www.ctc.ca.gov), under "Educator Login".
    - Refer to the renewal tutorial on the website for assistance.
    - Pay all renewal fees online.
- Payment confirmation page.** Print confirmation showing payment date, amount and permit level.
- Copy of permit** being renewed.
  - Available at [www.ctc.ca.gov](http://www.ctc.ca.gov) "Educator Login".
- CDTC Demographic Survey**

**Make a copy for your records. Do not include any form of payment with your application.**

Mail original application documents to:

# ) u #  
h\ " .  
U #° ..

*For further assistance please email [CDTC-Permit@yosemite.edu](mailto:CDTC-Permit@yosemite.edu).*



# 2022 - 2023 CDTC Child Development Permit Stipend Request Form

CDTC use only:

Permit application fee paid by CDTC:

- » The Permit Stipend Request form must accompany all required application documents, DO NOT mail separately to the Child Development Training Consortium (CDTC) or the California Commission on Teacher Credentialing (CTC).
- » Review the CDTC Submittal Checklist for all required application documents at [www.childdevelopment.org](http://www.childdevelopment.org).

1) *Full Legal Name (First/Middle/Last): _____ / _____ / _____			
2) *Birthdate (mm/dd/yyyy): _____		3) *Last Five Digits of Social Security Number: _____ - _____ - _____	
4) *Mailing Address: _____			5) *State: _____
6) *City: _____	7) *Zip: _____	8) *County: _____ (Note: <b>Not USA</b> )	
9) *Email: _____			
10) Contact Phone Number: (      ) _____		11) Gender:    Female    Male    Non-Binary    Other	
12) Does your employer participate in Quality Counts CA (QCC/QRIS):    No    Yes    Don't Know/Not working			
13) Currently Attending College:    No    Yes, Name of College: _____			

You are applying for the CDTC to pay the application fee on your behalf to the Commission on Teacher Credentialing (CTC).

14) \*Permit Type: (select only one) *If none of these stipend types apply, you do not qualify for the Permit Stipend Program: Optional Selections - not required*

**First Permit being issued      Renewing Current Permit      Upgrading      Renewed Online; Reimbursement**

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15) \*Requesting Permit Level: (select only one)

**Assistant      Associate      Teacher      Master Teacher      Site Supervisor      Program Director**

Option 1      Option 2      School Age Emphasis (*see ctc.ca.gov for more information*)

16) I verify that all required permit application documents are complete and attached. I understand if the permit application packet is found to be incomplete or needs corrections, CDTC will return it to me unprocessed. CDTC will allow me to resubmit the permit application for the permit stipend one time only. I certify that my information may be provided to the stipend provider, the California Department of Social Services, and/or their research partners for evaluating this project.

\*Applicant Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Mail this completed form with all permit application documents to:

**Child Development Training Consortium**  
**P.O. Box 3603 Modesto, CA 95352**

For assistance email [CDTC-Permit@yosemite.edu](mailto:CDTC-Permit@yosemite.edu)

<p><b>Do not write in this space</b> (For CDTC Staff Use Only)</p> <p>Live Scan: <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> CC</p> <p>File Date: _____ Date Above: <input type="checkbox"/></p>	<p>Date Rec'd:</p>
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**Please complete the following demographic survey**

## CDTC Demographic Survey

Child Development Training Consortium (CDTC) is funded by the California Department of Social Services (CDSS)

The demographic data collected on permit applications is limited to the preparation of CDTC reports submitted to CDSS.

**Data will not be shared with other agencies/organizations.**

Your individual information is **confidential** and no individual identifying information will be reported.

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### Education Information

1. What is your highest level of education? Please check only ONE answer – your highest level.

- |  |   |
|--|---|
| <input type="checkbox"/> No High School diploma/No GED | <input type="checkbox"/> BA/BS (4-year college level) |
| <input type="checkbox"/> High School diploma/GED       | <input type="checkbox"/> Master's Degree              |
| <input type="checkbox"/> AA/AS (2-year college level)  | <input type="checkbox"/> Doctorate                    |

2. If you have a degree, please select the area that best represents the major for any degree you have attained. Check all that apply.

Degree	ECE/Child/Human Development	Education/Psychology/Social Work	Business/Math/Science /Health	Other
AA/AS/2 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you have a current California child development permit? If yes, what level?

- |   |  |
|---|--|
| <input type="checkbox"/> I do not have a permit | <input type="checkbox"/> Master Teacher                |
| <input type="checkbox"/> Assistant Teacher      | <input type="checkbox"/> Site Supervisor               |
| <input type="checkbox"/> Associate Teacher      | <input type="checkbox"/> Program Director              |
| <input type="checkbox"/> Teacher                | <input type="checkbox"/> Children's Center Instruction |

### Employment Information

*If you are not currently employed, please skip to question #12.*

4. What is your city of employment? \_\_\_\_\_

5. What is your county of EMPLOYMENT? \_\_\_\_\_

6. Does your program, that you primarily work in, receive a CCDF subsidy?  Yes  No  Don't Know

7. Which best describes the setting or program you primarily work in? *Please check only one answer.*

- Licensed child care center/early childhood program (including Head Start, after-school programs, etc.)
- License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
- Informal provider (family, friend, neighbor)
- Licensed family child care home

**8. If you work in a center or school-based program, which best describes your primary position?**

*(If working as a substitute, please specify position type in which you most frequently work.)*

- |   |   |
|---|---|
| <input type="checkbox"/> Assistant/teacher aide/associate   | <input type="checkbox"/> Assistant Director   |
| <input type="checkbox"/> Teacher/lead teacher/associate   | <input type="checkbox"/> Director-single site |
| <input type="checkbox"/> Teacher-director   | <input type="checkbox"/> Director-multi site  |
| <input type="checkbox"/> Site Supervisor  | <input type="checkbox"/> Executive Director   |
| <input type="checkbox"/> Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor) |   |
| <input type="checkbox"/> Professional support (e.g. curriculum specialist, mental health consultant)                    |   |
| <input type="checkbox"/> Other (please specify) _____   |   |

**9. If you work in a family child care home, which best describes your primary position?**

- Owner/operator of the family child care
- Assistant in the family child care
- Other

**10. Do you currently care for children who are dual language learners?**

- Yes       No       Don't Know

**11. Is the program where you are employed participating in Quality Counts California (QCC or local QRIS program)?**

- Yes       No       Don't Know

**Demographic Information**

**12. Are you Hispanic?**    Yes       No

**13. How do you identify your race/ethnicity? Please check ONLY ONE answer.**

- |  |   |
|--|---|
| <input type="checkbox"/> Bi-racial or Multi-racial | <input type="checkbox"/> Native American or Alaskan   |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> Pacific Islander             |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> White or Caucasian           |
| <input type="checkbox"/> Latino or Hispanic        | <input type="checkbox"/> Other (please specify) _____ |

**14. What is the primary language you speak at home?**

- |  |   |
|--|---|
| <input type="checkbox"/> English                   | <input type="checkbox"/> Tagalog                      |
| <input type="checkbox"/> Spanish                   | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Mandarin and/or Cantonese | <input type="checkbox"/> Hmong                        |
| <input type="checkbox"/> Russian                   | <input type="checkbox"/> Other (please specify) _____ |

**15. Please check all the languages you speak fluently.**

- |  |   |
|--|---|
| <input type="checkbox"/> English                   | <input type="checkbox"/> Tagalog                      |
| <input type="checkbox"/> Spanish                   | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Mandarin and/or Cantonese | <input type="checkbox"/> Hmong                        |
| <input type="checkbox"/> Russian                   | <input type="checkbox"/> Other (please specify) _____ |