

<b>OFFICE USE ONLY</b>
100____101____111____220 or 221 ____
If not working, CHDV 284_____
Meet Requirements: _____
Approval Given: _____

## CHDV 251: CDA COMPLETION APPLICATION FOR DEPARTMENT APPROVAL

Date: \_\_\_\_\_ Semester desired: Fall: \_\_\_\_\_  
Spring: \_\_\_\_\_ (if offered)

**Eligibility:** Effective Summer 2007, students must have completed CHDV 100 or CHDV 101, and CHDV 220 or CHDV 221. Students not employed in regulated child care must take CHDV 284 to receive department approval for CHDV 251.

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email address: \_\_\_\_\_

Do you currently work with children? Yes: \_\_\_\_\_ No:\* \_\_\_\_\_

If yes, where? \_\_\_\_\_

What are the ages of the children? \_\_\_\_\_ What is your role? \_\_\_\_\_

What CDA will you be applying for?

\_\_\_\_\_ Preschool Center Based

\_\_\_\_\_ Infant Toddler Center Based

\_\_\_\_\_ Family Child Care

\*If not employed, please contact Jane Bobay at 517-483-1521 to discuss placement before approval can be given.

Return this application to: Jane Bobay, 108 HHS  
Or mail to  
3100B HHS  
PO Box 40010  
Lansing, MI 48901  
Or fax 517-483-9888