



# PITC Academy for Program Directors to Support Leadership and Quality in Infant/Toddler Programs

## ✔ Application Checklist ✔

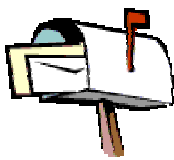
Please submit all parts of this application in order to be considered for participation

- Section I: Applicant Information**
- Section II: Applicant's Statement of Interest to Participate**

**Please be sure to keep a copy of your application for your records!**

### Application Submission

Complete the application and send to:



WestEd  
PITC Academy for Program Directors Application  
Attn: **Jennifer Drabek**  
180 Harbor Drive, Suite 112  
Sausalito, CA 94965

First consideration will be given to applications received by the due date. Applications received after the due date will be considered if spaces are still available or if cancellations occur.



# PITC Academy for Program Directors to Support Leadership and Quality in Infant/Toddler Programs

## APPLICATION

For Administrative Use Only

<a href="#">Date Stamp</a>	Postcard Sent Stamp	PITC Region:	DB:	
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I am a California Resident:  Yes  No

### Section I: Applicant Information

**1. Contact Information:** *Please note that your home address will be used as your primary mailing address.*

<b>Name</b>			
<b>Home Address</b>			
<b>City</b>		<b>State/Province</b>	
<b>County</b>		<b>Zip/Postal Code</b>	
<b>Country</b>			
<b>Home Phone</b>		<b>Home Fax</b>	
<b>Cell Phone</b>		<b>Primary E-mail</b>	

**2. Primary Employer/Organization** ( Please check if self-employed)

<b>Company Name</b>			
<b>Job Title</b>			
<b>Address</b>			
<b>City</b>		<b>State/Province</b>	
<b>County</b>		<b>Zip/Postal Code</b>	
<b>Country</b>			
<b>Direct Phone</b>		<b>Ext</b>	
		<b>Direct Fax</b>	
<b>Main Phone</b>		<b>Ext</b>	
		<b>Main Fax</b>	
<b>Web Address</b>			

**3. Please indicate the following for the organization**

**Legal Entity Status:  
(select one)**

- City Government
- County Government
- State Government
- Federal Government
- School District
- County Office of Education
- Community College
- College/University - Private
- College/University - Public
- Not-for-Profit
- Proprietary
- Church Based

**Program Type:  
(select one)**

- Campus Based Program
- Child Care Initiative Project (CCIP)
- Early Head Start (EHS)
- Early Intervention
- Family Child Care Network
- Infant/Toddler Program
- Migrant Program
- Resource & Referral Program
- Teen Parent Program (CAL-SAFE)

**Funding Sources:  
(select all that apply)**

- Full-Fee
  - State/Federal Subsidized
  - Early Head Start
  - Other (please specify):
- 

**EHS Organization Type (if applicable): (select one)**

- Grantee
- HSQIC
- DSQIC
- Federal Contact
- Research
- Training Facility
- Administrative Office
- Inactive Grantee
- Delegate Agency
- Affiliate Agency
- Regional Office
- EHS NRC

**4. Employer/Organization’s Fiscal Agency, Umbrella Organization or EHS Grantee: (NOTE: Fill out this section only if different from Primary Organization)**

<b>Company Name</b>					
<b>Job Title</b>					
<b>Address</b>					
<b>City</b>		<b>State/Province</b>			
<b>County</b>		<b>Zip/Postal Code</b>			
<b>Country</b>					
<b>Direct Phone</b>		<b>Ext</b>		<b>Direct Fax</b>	
<b>Main Phone</b>		<b>Ext</b>		<b>Main Fax</b>	
<b>Web Address</b>					

**5. Please indicate the following for the organization**

**Legal Entity Status:  
(select one)**

- City Government
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- County Office of Education
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**Program Type:  
(select one)**

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- Resource & Referral Program
- Teen Parent Program (CAL-SAFE)

**Funding Sources:  
(select all that apply)**

- Full-Fee
  - State/Federal Subsidized
  - Early Head Start
  - Other (please specify):
-

**EHS Organization Type (if applicable): (select one)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Grantee         | <input type="checkbox"/> EHS NRC               | <input type="checkbox"/> Regional Office  |
| <input type="checkbox"/> HSQIC           | <input type="checkbox"/> Research              | <input type="checkbox"/> Inactive Grantee |
| <input type="checkbox"/> DSQIC           | <input type="checkbox"/> Training Facility     | <input type="checkbox"/> Delegate Agency  |
| <input type="checkbox"/> Federal Contact | <input type="checkbox"/> Administrative Office | <input type="checkbox"/> Affiliate Agency |

**6. Languages Spoken**

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**7. Ethnicity: (select one)**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Caucasian                                 |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Mixed Heritage                            |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Other: _____                              |

**8. Education**

<u>Degree</u>	<u>School</u>	<u>Major</u>	<u># of Units Completed</u>	<u>Completion Date</u> (Month/Year)	<u>Check here if currently enrolled</u>
				/	
				/	
				/	
				/	

- Specify Coursework in Infant/Toddler Development:

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**9. Professional Certification (i.e. CDA, Teaching Licenses, First Aid, etc.)**

<u>Certification</u>	<u>Completion Date</u> (Month/Year)	<u>Check here if currently enrolled</u>
	/	
	/	
	/	
	/	



## **Section II: Applicant's Statement of Interest to Participate**

This response should not exceed two typewritten pages. While it is important to address each area of response, please be as concise as possible. Please staple your statement to Section II of your application. **All** of the following items should be addressed:

1. Why are you interested in participating in this training project?
2. How do you plan to utilize the knowledge gained from this experience on an individual and professional basis?
3. Please describe your professional experiences listed in Section I.

