

Professional Career Pathway Project

Planned Course Work

CHECK ONE:

- New PCPP Student
- Continuing PCPP Student -- changing Pathway and/or Specialization

Name (please print):	Social Security Number:
	Student ID Number:

Courses to Meet Pathway/Specialization	Content Area	Collaborating College
	1. Planning a safe, healthy learning environment.	
	2. Steps to advance physical and intellectual development.	
	3. Positive ways to support children's social and emotional development.	
	4. Strategies to establish productive relationships with families.	
	5. Strategies to manage an effective program operation.	
	6. Maintaining a commitment to professionalism.	
	7. Observing and recording children's behavior.	
	8. Principles of child growth and development.	

<p style="text-align: center;">Career Pathway: <i>(Employment Eligibility)</i></p>	<p>Family Child Care Pathway:</p> <p><input type="checkbox"/> NAFCC Accreditation</p> <p><input type="checkbox"/> CDA Credential</p> <p><input type="checkbox"/> Certificate of Completion</p> <p>Specialization:</p> <p><input type="checkbox"/> Family Child Care</p> <p><input type="checkbox"/> ECE Certificate</p>	<p style="text-align: center;">Center-based Care Pathway:</p> <p><input type="checkbox"/> Certificate of Completion - OR - <input type="checkbox"/> CDA Credential</p> <p>Specialization:</p> <p><input type="checkbox"/> Infant/Toddler <input type="checkbox"/> School-Age</p> <p><input type="checkbox"/> Preschool <input type="checkbox"/> Management</p> <p><input type="checkbox"/> ECE Certificate</p> <p style="text-align: right;">Specialization:</p> <p style="text-align: right;"><input type="checkbox"/> Infant/Toddler</p> <p style="text-align: right;"><input type="checkbox"/> Preschool</p> <p style="text-align: right;"><input type="checkbox"/> Home Visitor</p>
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Student Signature:	Date:
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Advisor Signature:	Date:
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PCPP Approval Signature:	Date:
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AUTHORIZATION TO RELEASE INFORMATION:
<p>I _____ (Print Name), Social Security Number/Student ID Number _____, hereby authorize _____ (College attending) to provide relevant and appropriate student information to Central Arizona College to determine my eligibility for scholarship funds through the Professional Career Pathway Project. This information is limited to information that is included on the application for this scholarship and I understand that no unauthorized person or organization will have access to any records or information obtained through this application without expressed written permission.</p> <p>Signature: _____ Date: _____</p>

Please return ALL copies of this form to:
 Central Arizona College, Early Care and Education Program, 8470 N. Overfield Rd., Coolidge, AZ 85228