

REQUEST FOR SERVICE APPROVAL FORM

(CDA Advisor or CCP Field Counselor Services –ONLY)

Consultant/Educator Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Service (check one): _____ CDA Advisor _____ CCP Field Counselor

Date of Observations

Time of Observations

1. _____

2. _____

Complete and sign this form for approval of services** (requests for CDA/CCP observations must be received at CECPD 15 work days in advance of the service) ***and return via fax to: Attention: **Oklahoma Professional Development Registry** Fax Number: (405) 799-7634

Location of CDA/CCP Observation:

Facility/Home _____ County _____

Director/Owner _____

Facility/Home Address _____

City _____ Zip _____ Phone (_____) _____

K8 Number _____ Star Status _____

Name of CDA/CCP Candidate, Their Mailing Address and Phone Number:

Name _____ LAST 5 Social Security Number _____

Date of birth _____

Address _____ City/Zip _____

Phone _____

In accepting this assignment, I certify that:

- I do not work in the same classroom as the candidate.
- I am not a relative by any legal means of the child care provider and/or home provider.
- I do not have a child in the candidate's classroom and/or family child care home.

Signed _____ Date _____

For Service Providers who CAN Receive Reimbursement:

- I do not stand to profit in any way from the service provided at the program/home. The funds I receive at the conclusion of the service are the stated amounts listed on the approved Scope of Work contracted with me by CECPD.

Signed _____ Date _____

For Service Providers who CANNOT Receive Reimbursement:

- I cannot receive funds from CECPD because I am funded by another source. That source may include; an individual contract from another funding source or the services provided are part of my job responsibilities as an employee of an entity that I am employed by.

Signed _____ Date _____