



# EDUCATION REQUIREMENTS COMMITMENT & APPROVAL FOR VOLUNTARY CERTIFICATION PROGRAM (VCP)

STATE FORM 54918 (R1 / 8-24)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Registration number	County
Name of director	Name of director
Name of registered child care ministry	
Address (number and street, city, state, and ZIP code)	

**The following must be documented.**

HIGH SCHOOL EDUCATION	
<input type="checkbox"/> Copy of high school transcript or diploma	<b>OR</b> <input type="checkbox"/> Copy of high school equivalency certificate as described in IC 12-14-5-2
EARLY CHILDHOOD EDUCATION	
<input type="checkbox"/> Transcript of associates degree or higher with at least twelve (12) hours in early childhood education, child development or related field. Degree: _____	
<input type="checkbox"/> A Child Development Associate (CDA) Credential	Date of approval (month, day, year): _____
<input type="checkbox"/> Transcript or registration receipt of current enrollment in a Child Development Associate (CDA) credential program or equivalent.	
<input type="checkbox"/> I agree to complete a Child Development Associate (CDA) program or equivalent within three (3) years from the start date of Voluntary Certification Program (VCP). Due date (month, day, year): _____	

<b>I understand that failure to complete this requirement may affect my enrollment in VCP.</b>	
Signature of child care provider	Date (month, day, year)

Signature of Voluntary Certification Program (VCP) consultant	Date (month, day, year)
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