

Georgia Early Care and Education
Professional Development System

The Georgia Center for Continuing Education
 1197 South Lumpkin Street, Suite 164 ♦ Athens, GA 30602-3603
 1-866-425-02202 or (706) 542-5654 Fax: 1-866-960-0041 or (706) 583-0788
 www.training.decal.ga.gov



Application for
TECHNICAL ASSISTANCE PROFESSIONAL DESIGNATION

* indicates required information

General Information			
*First Name	*Middle Name/Initial	*Last Name	
*Home/Mailing Address		*City	*State
_____ Street Apt. #		*County	*Zip Code
*Email Address		*Daytime Phone () ext:	

Designation
Please indicate the technical assistance designation for which you are applying.
*I am applying for:
<input type="checkbox"/> Technical Assistance Candidate <input type="checkbox"/> Technical Assistance Associate <input type="checkbox"/> Technical Assistance Specialist (must pay \$125 fee for review and assessment of required portfolio)

Experience
Please report the total number of years and months that you have in paid, professional experience. Document on résumé.
*What is the total amount of experience that you have in early care and education? _____ years _____ months
*What is the total amount of experience that you have providing technical assistance? _____ years _____ months

Educational Background
*Are you currently pursuing a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is your degree objective? (BA in ECE, etc.) _____
At what school or university are you pursuing your degree? _____
* Completed college degrees (check all that apply):
<input type="checkbox"/> AA/AS in ECE or CD <input type="checkbox"/> BA/BS in ECE or CD <input type="checkbox"/> MA/MS in ECE or CD <input type="checkbox"/> EdS, EdD or PhD in ECE or CD
<input type="checkbox"/> AA/AS in related field <input type="checkbox"/> BA/BS in related field <input type="checkbox"/> MA/MS in related field <input type="checkbox"/> EdS, EdD or PhD in related field

Checklist of Documentation

Please submit the following documentation.

- Diploma(s) or transcript(s) documenting in-progress or completed Bachelor's degree (or higher) in ECE, CD, or a related field
- Art of Technical Assistance* certificate or transcript
- Résumé documenting years of experience in the early care and education field and providing technical assistance
- Two letters of recommendation from a supervisor and/or client who has knowledge of your technical assistance
- Technical Assistance Portfolio documentation of completion and \$125 payment (for those applying for Specialist designation)

Please send this application and the required documentation to:

Georgia Early Care and Education Professional Development System
University of Georgia Center for Continuing Education
1197 S. Lumpkin Street, Suite 164
Athens, GA 30602

If you have any questions or need assistance, please contact us:

Phone: (706) 542-5654 or (866) 425-0220 (toll free)
Fax: (706) 583-0788 or (866) 960-0041 (toll free)
Email: GECEPDS@georgiacenter.uga.edu

Once your application has been received and reviewed and you meet all the criteria, you will receive notification of your Technical Assistance Professional Designation.

For Office Use Only

Doc	Requirement	Candidate	Associate	Specialist	Does Not Meet
	Experience in ECE				
	Experience providing TA				
	Educational Background				
	Art of Technical Assistance				
	Letters of Recommendation				
	Technical Assistance Portfolio				

Designation: Candidate Associate Specialist Does Not Meet

Date Decided: _____

Expiration Date: _____

Decided By: _____

Notification Sent: _____