

Step 1: Student - please print, complete, and take to faculty for approval

Child Development Associate Teacher Certificate of Training Request Form

Student ID:		Campus: Marysville Sutter Count	
Date:			
Please print your name ex	actly as you woul	d like it to appear on your certificate:	
Name:			
First		Middle Las	st
Please provide your currer	nt mailing addres	s:	
Yuba College Email:			
		d	
Required Courses:	ompiete, sign, an Grade:	and email to Dean for approval Course Title: Units:	
Required Courses.	Grade.	Course ritie.	Onits.
ECE 1A		Principles and Practices of Teaching	•
ECE 1B		Introduction to Curriculum	3.0
ECE 3		Child Growth and Development	3.0 3.0
ECE 31		Child, Family, Community	
		Total Units Required for o	certificate: 12.0
Faculty Signature		Date	
Step 3: Dean - please app	prove and email t	o vmcconne@yccd.edu	
Certificate: Awarded	☐ Denied		
Dean Signature		Date	
Step 4: Certificate status			
Date:		☐ Certificate Emailed	☐ Certificate Mailed

Certificates will be printed & mailed/emailed to student's Yuba College email once all parts of this form are completed and approved.

Should you have any questions, please reach out to Vicki McConnell at vmcconne@yccd.edu