

## **Pennsylvania Early Childhood Education Professional Development Commitment Form**

This form serves as a statement to explain the requirements of participation and an attestation to receiving funding. All Office of Child Development and Early Learning (OCDEL) funded participants **must** complete this form. The person who signs this document is representing themselves (or a minor under the age of 18) as a professional and their commitment to serve young children and families in Pennsylvania. To confirm agreement, place initials next to each statement. If you do not initial all statements, the OCDEL-funded partner cannot approve your application for or participation in any OCDEL funded opportunities.

\_\_\_\_\_ I understand the Office of Child Development and Early Learning (OCDEL) has contracted with several established entities to be their agents in funding early childhood education (ECE) credential and degree programs.

### **Accountability**

\_\_\_\_\_ I agree that if I leave/withdraw from without completing the course in which I am enrolled, I may be required to reimburse OCDEL the full amount of funding provided to me for this course of study.

\_\_\_\_\_ I understand that my participation may be suspended or removed if I am unable to maintain eligibility status or meet the academic requirements outlined by my Institute of Higher Education (IHE).

\_\_\_\_\_ I understand that my ability to receive support for this program from (funded program name) may be impacted by my child care program's ability to meet applicable Child Care/ Family or Group DHS licensing regulations.

\_\_\_\_\_ I understand that my participation may be suspended or removed if I do not obtain and renew annually a verified Career Pathway status in the PD Registry.

### **Evaluation**

\_\_\_\_\_ I understand the information I provide as a participant is utilized by OCDEL and funding partner staff for research and evaluation purposes, monitoring compliance, and so they can analyze the State's professional development efforts and answer key policy and practice questions. The data collected will be used in the aggregate and personal information will not be disclosed. This includes:

- My academic standing at the IHE
- My academic records and documents that pertain to my enrollment in a degree or credential program.

\_\_\_\_\_ I provide assurance that to the best of my ability I will participate in evaluation activities, if selected to participate.

### **Personal Responsibility**

\_\_\_\_\_ I am at least 18 years of age or a parent/guardian of a participant under 18 years of age.

\_\_\_\_\_ I have obtained or will obtain and submit required background clearances before entering into a classroom experience.

\_\_\_\_\_ I have not been convicted and am not awaiting trial on charges involving a crime of child abuse, child neglect or physical violence.

\_\_\_\_\_ I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant in this program and are subject to the penalties of 18 Pa C.S. § 4904 (relating to unsworn falsification to authorities).

\_\_\_\_\_ I agree that if I leave the ECE field (any setting serving children birth through age 8) in Pennsylvania within 2 years after completing my PDO funded coursework, I may be required to reimburse the funded partner the full amount of funding provided to me for my course of study..

\_\_\_\_\_  
Signature of the Individual receiving services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian of the individual if under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name