



LEADERSHIP ACADEMY

APPLICATION

The University of Oklahoma Outreach ● Center for Early Childhood Professional Development

1801 North Moore Avenue, Moore, OK 73160-3668

Local: (405) 799-6383 ● Toll Free: 1-888-446-7608 ● Fax: (405) 799-7634

www.cecpd.org ● pdas@ou.edu

Please print clearly. You may complete each academy only once.

SECTION 1 | BASIC INFORMATION

Name: _____ **Registry ID #:** _____

Print Full Legal Name (as it appears in the Oklahoma Registry)

Mailing Address: _____

Street / PO Box

City

State

ZIP

Name of Center: _____

Email Address: _____

Business Phone: _____ **Home Phone:** _____

K8 #: _____ **Licensed Capacity:** _____ **Subsidy Contract #:** _____

Check the appropriate box if you are:

 ☐ Applying for Family Child Care Home Leadership Academy

 ☐ Applying for Directors' Leadership Academy I

 ☐ Applying for Directors' Leadership Academy II

SECTION 2 | BACKGROUND INFORMATION

Why do you want to be a part of Leadership Academy?

Describe your role and tasks in your center/home.

How do you plan to implement knowledge gained upon your successful completion of the Leadership Academy?

SECTION 3 | AGREEMENT

I have read the information regarding the Leadership Academy and understand that I must attend all scheduled sessions. I am committed to the success of this project and will contribute to the best of my ability if I am selected to participate.

Applicant's Signature: _____ **Date:** _____

Send application or questions to pdas.ou.edu ● Send by fax to (405) 799-7634

