



INSTRUCTIONS

PROFESSIONAL DEVELOPMENT INCENTIVE AWARD

The purpose of these awards is to offer incentives to early childhood practitioners who complete specific tracks of early childhood professional development/training options designed to impact the quality of early care and education for young children and their families.

Who is eligible?

- ◆ Individuals working a minimum of 15 hours per week in a State licensed or registered child care program.
- ◆ Individuals who have a current MT Practitioner Registry Certificate at the time of application. The ECP will check your registry status online upon receipt of your application. (If you would like to apply to The Practitioner Registry go to www.mtecp.org. It may take up to 8 weeks to receive your current certificate depending upon how quickly you verify your application information by sending documentation to the ECP.)
- ◆ Individuals may apply for more than one track in any 12 month period.
- ◆ **Note:** Individuals may not retake/duplicate trainings to receive this award. If an individual has a training in any of the PDIA tracks on their record two or more times the award WILL NOT be approved.

When should I apply?

- ◆ All training in any track must be completed in 24 months from the time of your application.
- ◆ Check your online Professional Development Record to make sure that all trainings are listed for the track.

How do I request my award payment?

- ◆ After you have completed all coursework within the chosen track, send the following items to The Early Childhood Project (address below):
 - PDIA application (attached document)
 - W-9 (find this form located at www.mtecp.org under Incentives and Awards)

What's next?

- ◆ The ECP will review your completed application and verify you training track completion from you online Professional Development Record.
- ◆ The ECP will send an approval/denial email to the address indicated in your Practitioner Registry application.
- ◆ The ECP will sign off on your award and send it to the Early Childhood Services Bureau (ECSB) for payment . This process will take up to 4 to 6 weeks.

FAXED APPLICATIONS ARE NOT ACCEPTED
Scan and email to : ecp@montana.edu
OR

Send to:
Early Childhood Project—MSU
P.O. Box 173540
Bozeman, MT 59717

To learn about professional development/training go to: www.mtecp.org and click on Find Training, then click Statewide Training Calendar.

If you have any questions, please contact the ECP at 1-800-213-6310 or email us at ecp@montana.edu.

PDIA Training Tracks

Note: An asterisk (*) indicates either online, correspondence, or hybrid course.

Supporting Social Emotional Competence Using the Pyramid Model Track: \$200

Course	Hours
Intro to Pyramid Model *	2
Pyramid Model: Blended Module 1	6
Pyramid Model: Blended Module 2	6
Pyramid Model: Overview of Module 3	2
Total	16

Pyramid Model Blended Module 3 (8 hours) can be taken in place of Overview of Module 3 (2 hours)

Inclusion Track: \$400

Course	Hours
Inclusion I: Foundations *	15
Inclusion II: Strategies *	30
Total	45

Advanced/Leadership Track: \$300

Course	Hours
Directors' Symposium	10 -15
Professional Development Specialist (PDS) Forum	10 -15
Total	20—30

Adult Learning Track: \$300

Course	Hours
Training Basics *	15
Adult Learning I	6
Adult Learning II	6
Total	27



PROFESSIONAL DEVELOPMENT INCENTIVE AWARD (PDIA) APPLICATION

NOTE: Please type or print using blue or black ink.

Name: _____ PS# _____

Date of Birth: _____ Last 5 digits of SSN: _____

Mailing Address: _____ City/State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Place of Employment: _____ PV#: _____

**We will email you about the status of this application to the address listed in your Registry account.

Type of program you work in (please check one):

Family Child Care Home Group Child Care Home Child Care Center/Licensed Head Start/Early Head Start

Indicate the track you are applying for:

Pyramid Model Track

Inclusion Track

Adult Learning Track

Advanced/Leadership Track

Date of the first training in the track: _____ Date of the last training in the track: _____

You **must** sign the **Signature of Director/Owner & Applicant Signature** if you are the owner/director and applying for this award.

Employer Certification:

I certify that _____ is currently working 15 or more hours per week with children in a licensed/registered child care facility or in an eligible tribal facility.

Signature of Director/Owner: _____ PV#: _____

I certify to the best of my knowledge that all information given is true and correct.

All course work in the above track has been completed within 24 months of this application.

I included the required W-9 form for the payment of this Award.

Applicant Signature: _____ Date: _____

Send application and W-9 to:

Early Childhood Project—MSU
P.O. Box 173540
Bozeman, MT 59717

FOR ECP OFFICE USE ONLY Approved by: _____ Date: _____