MyCAA Education & Training Plan (ETP)

The University of Texas at El Paso Professional and Public Programs 101 W. Robinson Ave, Memorial Gym; Rm. 111 El Paso, TX 79968 915-747-7578

http://www.ppp.utep.edu/

Student Information:	
Student Name:	
School Issued Student ID:	N/A
Program Name:	Childcare Specialist Certificate Program with Externship C.14.79
Program Type:	Certificate
Program Duration:	6 Months
Scheduled Start Date:	
Estimated Completion Date:	
Course Delivery Format	Online

Program Overview:

This program introduces the historical, theoretical and developmental foundations for educating and caring for young children. With particular emphasis on caring for children from birth through age 8, this program takes students through a range of topics including the roles, responsibilities and requirements of individuals working in early childhood settings, current issues that have implications on children, families and early childhood professionals, and age-related developmental accomplishments. Alongside ensuring the health, safety and well-being of all children in their care, this program will ensure students have a firm grasp on the educational and developmental needs of young children in order to create a stimulating, nurturing and fun environment for all children in their care.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.

There are no state approval and/or state requirements associated with this program.

There are several National Certification exams that are available to students who successfully complete this program:

- National Career Certification Board (NCCB) Certified Child Care Worker (CCCW) Certification Exam
- Microsoft Office Specialist (MOS) Certification Exam.

Tuition Cost:

\$3,999

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)			
UTEP-E-CHLD	Childcare Specialist Certificate Program with Externship	375 Contact Hours/ 37.5 CEU's			
School Official Certification:					
By my signature below, I con named in this document.	ertify the above information is true, accu	ırate, complete, and being submitted or	behalf of the institution		
Signature/Title of Authorized School Official		Date	Date		
School Official Printed First and Last Name		School Official E-mail and P	School Official E-mail and Phone Number		