



# LEADERSHIP ACADEMY APPLICATION

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

1801 North Moore Avenue, Moore, OK 73160-3668

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Please print clearly. \*NOTE – You may only take your qualifying academy once.

## ★ SECTION I ★

Name: \_\_\_\_\_  
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: \_\_\_\_\_ Number of subsidy children enrolled: \_\_\_\_\_

Star Level:  One Star  Two Star  Three Star  Four Star  Five Star

I am applying for the **Directors Leadership Academy:**

Oklahoma Director's Credential: \_\_\_\_\_  
Award Date Expiration Date

I am applying for the **Family Childcare Home Leadership Academy:**

Professional Development Ladder: \_\_\_\_\_  
Level Expiration Date

## ★ SECTION II ★

Please answer the following questions. Clearly write your response in the space provided. Please use an extra sheet if necessary.

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

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2. *What is your function at the facility? Please describe your role and tasks.*

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

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## ★ SECTION III ★

*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: \_\_\_\_\_

Return Application to:

***The University of Oklahoma Outreach***

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