



CHILD CARE PROFESSIONAL DEVELOPMENT INSTITUTE

DUPLICATE CERTIFICATE REQUEST

DUPLICATE CERTIFICATE REQUEST REVISED SLCC JUNE 2009

SECTION 1: PARTICIPANT IDENTIFICATION			DATE OF BIRTH / /	
LAST NAME (AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)	FIRST NAME	MIDDLE NAME		<input type="checkbox"/> NEW ADDRESS
STREET NUMBER		CITY	COUNTY	ZIP CODE
PRIMARY NUMBER	SECONDARY NUMBER		E-MAIL ADDRESS	

SECTION 2: TYPE OF DUPLICATE CERTIFICATE	
<input type="checkbox"/> CAREER LADDER LEVEL CERTIFICATE	LEVEL NUMBER: _____ DATE OF CERTIFICATE: _____
<input type="checkbox"/> CAREER LADDER ENDORSEMENT CERTIFICATE	ENDORSEMENT TYPE: _____ DATE OF CERTIFICATE: _____
<input type="checkbox"/> TRAINING & LONGEVITY SUPPLEMENT AWARD	YEAR RECEIVED: _____


SECTION 3: PARTICIPANT CERTIFICATION

I, THE PARTICIPANT, CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS REQUEST IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE THE CHILD CARE PROFESSIONAL DEVELOPMENT INSTITUTE PERMISSION TO SEND A COPY OF THE REQUESTED CERTIFICATE TO THE ADDRESS INDICATED ON THIS DOCUMENT.

PARTICIPANT SIGNATURE

DATE

SECTION 4: CCPDI OFFICE USE ONLY

RECEIVED BY: _____	AMOUNT ENCLOSED: _____
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A \$5.00 PROCESSING FEE IS REQUIRED WITH EACH DUPLICATE CERTIFICATE REQUEST



MAIL REQUEST TO:

CCPDI
9750 SOUTH 300 WEST #211
SANDY, UTAH 84070

