



MidSouth Regional Family Development Credential (FDC) Program Notice to UMKC of FDC Program Start

Please send these forms within 30 days of the start of your class: a list of Portfolio Advisors (Form A1), a list of participants (Form A2), and a copy of your syllabus (Form A3 or attach your own), and **your credentialing fee check for \$300 per participant** to: Jennifer N. Hill, FDC Program, UMKC Dept. of Sociology/CJC, 5215 Rockhill Rd., Kansas City, MO 64110. **Make copies and attach additional sheets if necessary to complete the information requested.**

DATE: _____

Name of Hosting Site/Organization: _____

Address: _____ Phone#: _____

Facilitator(s):

Name: _____

Email: _____ Phone#: _____

Name: _____

Email: _____ Phone#: _____

Please attach a brief narrative with the following information:

1. Organizations/agencies/colleges/coalitions are involved with mounting the class. Please include any information you would like us to know about these participating organizations.

A. How will FDC classes be conducted? (i.e. How will the facilitator run classes?)

B. How will portfolio advising be done? (i.e. When/how often will advisors meet with participants?)

2. Where are the classes being held? City/Town _____

Zip Code _____

3. What is your total cost per participant? _____ Does this include workbooks? Yes / No

What, if any, outside funding sources do you have funding part of/all participant costs? _____

Enclosed is credentialing payment. The amount of the check is for _____ (#of participants) X \$300 = _____ *Please contact the FDC office at (816) 235-2298 with any questions.*

Send Forms A, A1, A2 and A3 with check to: Jennifer N. Hill, FDC Program, UMKC Dept. of Sociology/CJC, 5215 Rockhill Rd., Kansas City, MO 64110. Phone: (816) 235-2298

Form **A1**

MidSouth Regional Family Development Credential (FDC) Program
List of Participants

Use this form with Form A to provide information about your participants. **Make copies of this form if you have additional participants.** Please include information about your participants' names, job titles, agency/organization affiliations, and home mailing addresses. **Note: Facilitators can attach a class roster in lieu of submitting this form but roster must include all requested information in this form.**

DATE: _____

Name: _____ **Job Title#:** _____
Agency Affiliation: _____
Home Mailing Address: _____

Name: _____ **Job Title#:** _____
Agency Affiliation: _____
Home Mailing Address: _____

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Form **A2** MidSouth Regional Family Development Credential (FDC) Program
Important Dates for Your Class

Use this form to provide the MidSouth Regional FDC Program with important dates for your local FDC program. If you have your own syllabus, you may attach it to form A.

DATE: _____

- ❖ What is the date of your first FDC class/session?

- ❖ What is the date of your last FDC class/session?

- ❖ How often does your class meet and for what period of time?

- ❖ What date do you plan to administer the FDC standardized exam?

- ❖ The portfolio review process takes place four times per year. *Please circle the date by which you intend to submit your participants' portfolios:*

February 1

May 1

August 1

November 1

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Form **A3**

MidSouth Regional Family Development Credential (FDC) Program
List of Portfolio Advisors

Use this form with Form A to provide information about your Portfolio Advisors. Please indicate Portfolio Advisors' names, agency/organization affiliations, mailing addresses, and phone numbers, and indicate whether the Portfolio Advisor had the Family Development Credential.

DATE: _____

Name: _____

Agency Affiliation: _____

Mailing Address: _____

Phone# _____ Has FDC (*circle*): Yes / No

Email: _____

Name: _____

Agency Affiliation: _____

Mailing Address: _____

Phone# _____ Has FDC (*circle*): Yes / No

Email: _____

Name: _____

Agency Affiliation: _____

Mailing Address: _____

Phone# _____ Has FDC (*circle*): Yes / No

Email: _____

Name: _____

Agency Affiliation: _____

Mailing Address: _____

Phone# _____ Has FDC (*circle*): Yes / No

Email: _____

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