The individual listed on this form has applied for certification as a Child and Youth Care Professional (CYC-P).

The CYC-P designation identifies practitioners that have met the highest standards in the child and youth care profession.

Through the professional certification process, candidates document their experience and competencies in specific domains including:

- Professionalism
- Cultural and human diversity
- Applied human development
- Relationship and communication
- Developmental practice methods

The complete *Competencies for Professional Child and Youth Work Practitioners* may be downloaded at www.cyccb.org.

Two Colleague References are submitted with each Professional Level application.

Instruction to candidate

Complete Section One and provide the form to the individual you are requesting to provide your reference with a stamped envelope addressed to:

CYCCB Office
1212 Orr St.
College Station TX 77840-6906
(979) 764-7306   CYCcertification@youthworkacademy.org

Instruction to individual providing reference

Please complete Section Two and mail directly to the CYCCB Office in the envelope provided.

SECTION 1: CANDIDATE INFORMATION AND AGREEMENT

This section is to be completed by the candidate.

_____
Name

_____
Position

_____
Organization name

_____
Email   Phone

I am requesting my colleague to provide this reference. I understand that the information provided on this form will be used in determining my eligibility for certification as a Child and Youth Care Professional (CYC-P) by CYCCB and that it will be maintained as confidential.

I waive my right to review the contents of the reference and understand that it will be submitted directly to the CYCCB Office.

   (Check this box if you are filling this form electronically and cannot provide an electronic signature.) Please accept my typed name on the Print Name line instead of my signature.

_____
Signature   Date

_____
Print Name

Child and Youth Care Professional Level Scope of Practice

Child and Youth Care Practitioners at the Professional level:

- Promote the optimal development of children, youth, and their families

- Focus practice on infants, children, and/or adolescents, including those with special needs, within the context of the family, the community, and the life span

- Use a developmental-ecological perspective that emphasizes the interaction between individuals and their physical and social environments

- Demonstrate competence in assessing needs, program implementation, and the integration of developmental and therapeutic supports into the life space

- Contribute to the development of knowledge and practice

- Participate in systems interventions through direct care, supervision, administration, teaching, research, consultation, education, training and/or advocacy

SECTION 2: CONTACT INFORMATION AND REFERENCE

This section is to be completed by the individual providing the reference.

_____
Name

_____
Position

_____
Organization name

_____
Street address

_____
City   State/Province   Zip/Postal code

_____
Email   Phone

I have been personally acquainted with _____
                                                        (name of applicant)

since _____ .
          (month/year).

The nature of my relationship to the applicant is:

     Co-worker/professional colleague
     University or college professor
     Current supervisor
     Former supervisor
     Other _____

I understand that my recommendation should be provided only for applicants who are described by the scope of practice outlined in the colored panel at the left, who are respected by their peers, and have demonstrated professional character, ethics, and behavior on a consistent basis.

I have no reason to believe that the applicant has been convicted of any crime(s) that would cause him/her to be denied employment working with children, youth or families.

     I recommend the applicant for certification as a Child and Youth Care Professional (CYC-P). Any additional comments are stated below.

     I do not recommend the applicant for certification at this time. Any reservations I have are stated below.

     (Check this box if you are filling this form electronically and cannot provide an electronic signature.) Please accept my typed name on the Print Name line instead of my signature.

_____
Signature   Date

_____
Print Name