

# CYC-P APPLICATION

Version 3.2

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## Application Check List:

In addition to this application, the following are required and should be included with the application:

- Payment for application processing
- Passing score on the Professional Level Exam
- Copy of degree, credential, or certification (if claimed)
- Documentation of completion of required training
- Proof of current membership in a professional association

The following forms are also required and are typically submitted separately:

- (2) Colleague Reference forms
- (1) Supervisor Assessment form
- Portfolio (submitted by email)

Candidates are notified by email when the application and supporting documentation are received.

CYCCB publishes a comprehensive Professional Certification Workbook that addresses most application questions. It is available at [www.CYCCB.org](http://www.CYCCB.org)

Visit the CYCCB website to download the latest version of required forms.

*The Professional Level CYC Certification is owned by ACYCP and is licenced for use by CYCCB.*

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Certification as a Child and Youth Care Professional (CYC-P) is a meaningful way to demonstrate your experience and skills colleagues, employers, and the children and families you serve. The CYC-P designation identifies practitioners that have met the highest standards in the field. Successful candidates are those who demonstrate the full range of knowledge and skills involved in competent practice.

## Mail this completed application and supporting documentation to:

CYCCB Office  
1701 Southwest Pkwy Ste 113  
College Station TX 77840-6906  
(979) 764-7306 [CYCcertification@youthworkacademy.org](mailto:CYCcertification@youthworkacademy.org)

## Method of payment for application processing fee:

- Check enclosed payable to CYCCB
- Paid online at [www.CYCCB.org](http://www.CYCCB.org)
- Pre-paid voucher # \_\_\_\_\_

## SECTION 1: ELIGIBILITY

Applicants must receive a passing score on the CYC-P exam. If you have not yet taken the exam, or did not receive a passing score, visit [www.cyccb.org](http://www.cyccb.org) for information on exam locations and dates.

## SECTION 2: CONTACT INFORMATION

Name		Application Date
Personal Email		Work Email
Phone (mobile)	Phone (home)	Phone (work)
Street address (home)		
City	State/Province	Zip/Postal code

For communication purposes, please use my:  home address  work address

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**Provisional Certification** is an option for individuals who meet the education requirement with a degree/diploma relevant to child and youth care practice who have not yet accrued the required amount of experience.

Applicants for Provisional Certification must meet all requirements with the exception of experience.

Applicants must be enrolled in or graduates of relevant degree/ diploma programs which include, but are not limited to:

- Child and adolescent psychology
- Child and youth studies
- Education
- Human services
- Juvenile justice
- Recreation
- Social work
- Sociology

Provisional Certification is awarded for 30 months, during which time the individual is expected to gain the experience required for full certification.

## SECTION 3: EDUCATION AND EXPERIENCE

Check the box below to indicate which education and experience requirement you are documenting. Attach a copy of both your transcripts and degree.

	<b>Education</b> Diploma/degree must be from a regionally accredited school, college or university.	<b>Documented Experience</b> May include internship, practicum, and/or field placement hours included in the diploma, certificate, or credentialing program.
<input type="checkbox"/>	High School Diploma or GED	5 years/10,000 hours
<input type="checkbox"/>	2 year Associate's degree/diploma	3 years/6,000 hours
<input type="checkbox"/>	2 year diploma in child and youth care	3 years/6,000 hours
<input type="checkbox"/>	3 year diploma in child and youth care	2 years/4,000 hours
<input type="checkbox"/>	Bachelor's degree in a non-related field	2 years/4,000 hours
<input type="checkbox"/>	Bachelor's degree in child and youth care	1 year/2,000 hours
<input type="checkbox"/>	Master's or doctorate degree	1 year/2,000 hours
<input type="checkbox"/>	<b>Provisional Certification:</b> I have a degree/diploma from or am currently enrolled in an educational program relevant to child and youth care practice, can meet all of the certification requirements for this level except experience, and have a plan in place to meet the experience requirement within the next 30 months.	

In addition to the above, I have a current child and youth care related certification or credential from a state or regional association. (Please attach copy of certificate.)

\_\_\_\_\_

Certification type

\_\_\_\_\_

Issuing body

## SECTION 4: CERTIFICATION EXAM

I completed certification testing on \_\_\_\_\_ date with a passing score.

## SECTION 5: EMPLOYMENT HISTORY

List your employment relevant to child and youth care practice beginning with your most recent position. (One year of full time employment is equivalent to 2000 hours.)

Check here if additional pages are attached.

Total hours documented below and on additional pages if more space is needed. This total must be at least the number claimed in section 3.

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Experience must be paid employment to be counted. Unpaid volunteer work is not counted.

Foster Parenting qualifies as experience. Experience counts if at least one youth is placed with the foster parent. Twelve hours a day, 6 days a week is credited.

Volunteer work, internships, practicums, and placements do not count toward required employment unless included as part of an education program.

## Current Position

Organization name		<input type="checkbox"/> part time	<input type="checkbox"/> full time
Person to contact to confirm experience		Position	
Contact email		Contact Phone	
Street address			
City	State/Province	Zip/Postal code	
Position		Agency phone	
Start date		Total work hours	

## Position 2

Organization name		<input type="checkbox"/> part time	<input type="checkbox"/> full time
Person to contact to confirm experience		Position	
Contact email		Contact Phone	
Street address			
City	State/Province	Zip/Postal code	
Position		Agency phone	
Start date	End date	Total work hours	

## Position 3

Organization name		<input type="checkbox"/> part time	<input type="checkbox"/> full time
Person to contact to confirm experience		Position	
Contact email		Contact Phone	

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The Colleague Reference and Supervisor Assessment forms are available at

[www.cyccb.org](http://www.cyccb.org)

**Approved Professional Associations** include (but are not limited to):

Association for Child & Youth Care Practice

National After School Association

Texas Network of Youth Services

National or State Foster Family Associations

State Juvenile Detention Associations

National Partnership for Juvenile Services

National or State Associations for the Education of Young Children

Texas Youth & Child Care Worker Association

Louisiana Association of Child Caring Agencies

Ohio Association of Child and Youth Care Professionals

Wisconsin Association of Child and Youth Care Professionals

The membership certificate or card must be issued in the applicant's name and must indicate that the membership is current.

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Street address

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City

State/Province

Zip/Postal code

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Position

Agency phone

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Start date

End date

Total work hours

## Position 4

---

Organization name

part time    full time

---

Person to contact to confirm experience

Position

---

Contact email

Contact Phone

---

Street address

---

City

State/Province

Zip/Postal code

---

Position

Agency phone

---

Start date

End date

Total work hours

## SECTION 6: REFERENCES

- I have given the Colleague Reference Forms to two of my colleagues who have known me for at least six months and asked them to submit it directly to the CYCCB office as indicated on the form.
- I have given the Supervisor Assessment Form to my supervisor (or other supervisory level individual who has extensive, direct knowledge of my work with youth) and asked them to submit it directly to the CYCCB office as indicated on the form.

## SECTION 7: PROFESSIONAL ASSOCIATION MEMBERSHIP

I am a member of a professional organization and have enclosed a copy of my current membership card, certificate, or other proof of membership.

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Name of professional association

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The complete *Competencies for Professional Child and Youth Care Work Practitioners* may be downloaded at [www.CYCCB.org](http://www.CYCCB.org).

These can be used to help determine which competency domains your training and education fits into.

## SECTION 8: TRAINING

List your training history below and include documentation (i.e. certificate of completion, class attendance record, employer training records, etc.) which meets the following minimum requirements:

- Must total at least 250 hours in the following domains:
  - Professionalism 20 hours
  - Cultural and human diversity 20 hours
  - Applied human development 20 hours
  - Relationship and communication 40 hours
  - Developmental practice methods 80 hours
  - Other (not assigned to specific domain) 70 hours
- May include a variety of in-service training, conferences, seminars, workshops, college/university courses, and/or self-directed learning modules
- At least 100 hours must have been completed during past five years
- Remaining 150 hours can have been completed anytime during your career
- Entries may not be counted in multiple content areas
- Documentation must indicate title, date, duration, and name/credentials of instructor

Check here if additional pages are attached.

### Professionalism (20 hour minimum)

Title	Instructor name and credential	Date	Hours
TOTAL HOURS			

### Cultural and Human Diversity (20 hour minimum)

Title	Instructor name and credential	Date	Hours
TOTAL HOURS			



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**Additional professional associations can be accepted if they meet the following criteria:**

- Offers individual membership (agency membership in an organization does not meet the requirement for professional membership)
- Supports professionalization of child and youth care practitioners (with the understanding that this can be a passive stance)
- Endorses the Standards for Practice of North American Child and Youth Care Professionals or a similarly constructed code of ethics
- Represents and advocates for child and youth care practitioners
- Offers opportunities to stay informed on developments to foundational and specialized areas of child and youth care practice and provides education and training opportunities

For a more complete listing of recognized professional associations, visit the website at: [www.CYCCB.org](http://www.CYCCB.org)

**Other (not assigned to specific domain; no minimum, 70 hours maximum)**

Title	Instructor name and credential	Date	Hours
TOTAL HOURS			

## SECTION 9: ELIGIBILITY AND CONSENT AGREEMENT

I have read and agree to abide by the Standards for Practice of North American Child and Youth Care Professionals. I understand that my adherence to these standards of practice does not restrict my use of other codes relevant to my practice or employment.

I have or will complete the CYC-P Portfolio and submit it by email.

I understand that certification is granted based on meeting the minimum requirements as fully outlined at [www.cyccb.org](http://www.cyccb.org) and that no promise or guarantee is made that certification will be granted.

I am not currently under investigation nor have I been convicted of any crime(s) that would cause me to be denied employment working with children, youth or families in the state or province where I live and/or work. By signing this application I am agreeing to immediately notify CYCCB if my criminal history status changes. Failure to abide by this requirement is grounds for termination of certification.

I certify that the information submitted on this application is true and that any misleading statements will be cause for my application to be denied.

I give my employers included in this application permission to provide confirmation of my work history including length of employment (beginning and ending dates), whether the work was full or part time (if part time, then the actual number of hours worked), and job title.

*Check the boxes below to affirm your consent.*

- I understand and agree that the CYCCB will respond to public inquiries on certification status by providing the current certification status and date of expiration.
- I understand and agree that CYCCB conducts **research** to validate and improve the certification program. Deidentified information is used for any research conducted. As such, my personal contact information will not be shared. Informed Consent Forms are used to obtain additional permission when more information is required for the research.

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- I understand and agree that the CYCCB shares certified practitioner information **with any association that is a partner of the CYCCB**. This is done to help the local partners stay involved in encouraging practitioners to complete the application process and to renew their certificates. This information includes, but is not limited to: name, address, email addresses, phone numbers, date of testing, passing or failing test status, date of application receipt, status of documents submitted, and renewal status.
  
- I herein give CYCCB permission to release to my **employer** information on my testing and application status. This can include verification of forms submitted, test score, application and renewal status. If a release is not on file, the office can only share that the person is or is not certified and the date that they initially were certified.

*Please contact the office with any questions or concerns regarding the sharing of information.*

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Signature

Date

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Printed name