

CYC Entry Level 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 Entry 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 separate from the application:

- ☐ (2) Colleague Reference forms
- ☐ (1) Supervisor Reference form

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

Visit the CYCCB website to download the latest version of required forms. Contact the CYCCB Office if you have questions or need advice.

The CYC Entry Level Certification is owned by the CYC Certification Institute and is licensed for use by CYCCB.

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The Child and Youth Care Entry Level Certification offers an opportunity for practitioners entering the field to begin the process of professional development. It is designed for practitioners who:

- are engaged in basic training in child care and youth work,
- are focused on learning fundamental practice skills,
- work under the supervision of others with more advanced credentials,
- have a minimum of one (1) year experience working with children, youth and families,
- are employed in a variety of settings including: early care and education, after school, education, mental health, group homes, shelters, disabilities, juvenile justice, recreation, transitional living, and community youth serving organizations.

Mail this completed application and supporting documentation to:

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

Method of payment for application processing fee:

- ☐ Check enclosed payable to CYCCB
- ☐ Paid online at www.CYCCB.org
- ☐ Pre-paid voucher # _____

SECTION 1: ELIGIBILITY

Applicants must receive a passing score on the CYC Entry Level exam. If you have not taken the exam, or did not receive a passing score, visit www.CYCCB.org for information on exam locations and dates.

SECTION 2: APPLICANT 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 all certification requirements except experience. Applicants must have completed at least 200 relevant employment hours.

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

Relevant degrees/ diplomas include, but are not limited to:

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

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.

	Education Degree must be from a regionally accredited school, college or university.	Documented Experience May include internship, practicum, and/or field placement hours included in a degree, certificate, or credentialing program.
<input type="checkbox"/>	No degree or relevant credential	1 year / 2,000 hours
<input type="checkbox"/>	Child Development Associate (CDA) credential Or Indiana Youth Development (IYD) credential	No experience required
<input type="checkbox"/>	Any degree relevant to CYC practice (Associate, Bachelors, Masters, PhD)	No experience required
<input type="checkbox"/>	Any non-relevant degree (Associate, Bachelors, Masters, PhD)	1 year / 2,000 hours
<input type="checkbox"/>	Provisional Certification (must meet all requirements except experience)	200 hours minimum

SECTION 4: CERTIFICATION EXAM

I completed certification testing on _____ date with a score of _____.

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.

Current Position

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 Total work hours

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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 when 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 field placements do not count toward required employment unless included as part of an education program.

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	
Street address				
City		State/Province	Zip/Postal code	
Position			Agency phone	
Start date		End date	Total work hours	

Position 4

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	

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Colleague & Supervisor Reference forms are available at 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 complete *Competencies for Professional Child and Youth Care Work Practitioners* may be downloaded at www.CYCCB.org.

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

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 Reference Form to my supervisor (or other supervisory level individual who has extensive, direct knowledge of my work with youth) and asked him/her 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.

Name of professional association

SECTION 8: TRAINING

List your training in the following content and include documentation (i.e. certificate of completion, class attendance record, employer training records, college transcript, etc.) which demonstrates completion of the following requirements:

Child Guidance or Behavior Management Training completed within one year of applying for certification. 8 hours minimum in Applied Developmental Practice domain

Title	Instructor name and credential	Date	Hours
TOTAL HOURS			

Ethics Training based on the Standards for Practice of North American CYC Professionals or a code recognized within the child and youth care field.

3 hours minimum in the Professionalism domain

Title	Instructor name and credential	Date	Hours
TOTAL HOURS			

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Qualifying Professional Associations 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

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

For a more complete listing of recognized professional associations, visit the website at: www.CYCCB.org

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 understand that certification is granted based on meeting the minimum requirements as fully outlined at 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 where I live and work. By signing this application I am agreeing to immediately notify the CYCCB if my criminal history status changes. Failure to abide by this requirement is grounds for termination of certification.

I certify that the above information is true and that I understand that any misleading or false 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 confirm agreement.

I understand and agree that the CYCCB will respond to public inquiries regarding 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.

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 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.

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

Signature

Date

Printed Name