

**Child and Youth Care Worker**  
**CERTIFICATION INSTITUTE of Texas**

**Application for Associate Level Certification**  
*(Please type or print)*

Date Received:  
  
Payment Attached:  
  
(For Office Use Only)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Work address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**✓Please check the appropriate boxes and attach documentation of the information requested. Thank you!**

**CERTIFICATION FEE:** *(Please document method of payment.)*

- Certification fee attached. Make check or money order for \$75.00 payable to the “Certification Institute”.
- Certification fee paid: (Where) \_\_\_\_\_ (Date) \_\_\_\_\_ Many people pay for certification at the time of testing. Please indicate where and when you made payment. The fee for testing includes payment for processing of the application.

**EDUCATION AND EXPERIENCE REQUIREMENT:**

- 6000 hours (three years) of experience in direct youth/child care work. Please submit a resume or complete the form provided below. *(If submitting a resume, please be sure to include the phone numbers of the agencies and addresses to facilitate verification.)* **OR**
- Completion of Associate Degree in Child/Youth Care Work or closely related field (from a college or university program approved by the Certification Institute) *(Please submit a copy of your college transcript indicating courses completed AND a copy of the degree issued upon graduation.)*

**Employment History** *(Please begin with the most recent job and list all jobs relevant to determining your eligibility for Associate Level Certification. You are documenting direct-line work with youth. If you need additional space, please attach additional pages as needed.)*

Agency Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Position (title): \_\_\_\_\_

Full-time

Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  Part-time  
Total Number of Work Hours: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Position (title): \_\_\_\_\_  
 Full-time

Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  Part-time  
Total Number of Work Hours: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Position (title): \_\_\_\_\_  
 Full-time

Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  Part-time  
Total Number of Work Hours: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Position (title): \_\_\_\_\_  
 Full-time

Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  Part-time  
Total Number of Work Hours: \_\_\_\_\_

Total number of hours worked as a direct-line child or youth care practitioner: \_\_\_\_\_  
(The total number of hours must be at least 6000.)

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**PROFESSIONAL EDUCATION REQUIREMENTS:**

- Current certification in CPR** (attach a front and back copy of a current CPR card issued in the name of the applicant. CPR training must be up-dated at least annually to be considered 'current' and must be conducted by a person certified to provide CPR training. The card must show the date the course was completed or the date that the card expires on, and be signed by a person certified to provide CPR training.) **AND**
- Current certification in First Aid** (attach a front and back copy of a current First Aid card issued in the name of the applicant. The Institute will also accept a certificate of completion of a First Aid course that includes the signature and credentials of the instructor and the date the course was completed. First Aid training must be conducted by a Red Cross instructor or a licensed/certified health professional. First Aid training must be up-dated at least every three (3) years to be considered 'current' or must be up-dated as indicated on the card or certificate.) **AND**

- Current certification in approved Behavior Management, Crisis Prevention/Intervention or Child Guidance** *(attach a copy of a letter or certificate of completion from a Behavior Management, Guidance, or Crisis Prevention/Intervention training. This can include, but is not limited to, PMAB, CPI, Handle with Care, Mandt System or Crisis Prevention. The documentation must demonstrate that the training was at least 8 hours in length and was completed within one (1) year of applying for certification. The letter or certificate must be issued to the applicant, and must include the date of training, number of hours included, and the signature and credentials of the instructor. The Institute is currently developing more in-depth standards relating to this certification requirement.) AND*
- Completion of 3 hours of approved training in code of ethics** *(attach a copy of the certificate issued by the Texas Youth and Child Care Worker Association that shows you have successfully completed the three (3) hour 'Ethics for Child and Youth Care Practitioners' training. Currently this is the only continuing education ethics course that meets the Certification Institute's standards for ethics training. If you don't have a copy of your certificate, contact the TYCCWA state office for assistance. Completion of a college level ethics course that includes the 'Standards for Practice of North American Child and Youth Care Professionals' will be accepted with submission of a transcript indicating a passing grade.)*

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**PROFESSIONAL REFERENCES:**

*(Two forms are necessary for completion of this section of the application process. If you don't have the forms, please contact the Institute office. We would be happy to send you copies. Applicants must submit at least two professional references in addition to the Competence Assessments completed by the applicant and the applicant's supervisor. If you are not currently employed in child care or have not been employed in your position for a minimum of six (6) months, the Institute will accept a reference from your previous supervisor if he/she worked with you for at least six (6) months. Other references may be accepted but should clearly indicate that the applicant is qualified for Associate Level Certification, the length of time the applicant has been known to the reference provider, the name, address, and telephone number of the reference provider, and any reservations.)*

- Professional References:** two (2) letters of reference from currently Certified Practitioners or three (3) letters of reference from co-workers you have known the applicant for 6 month or longer. The easiest way to do this is to copy and use the **Associate Level Professional Reference Form**.  
**AND**
- Competence Self-Assessment:** this must be completed by the applicant and submitted with the application packet. **AND**
- Competence Assessment completed by supervisor:** this must be completed by a supervisory level person who has extensive, direct knowledge of the applicant's work with youth.

The Institute recommends that the Competence Self-Assessment and Competence Assessment completed by the supervisor be used as tools for guiding and assessing on-going professional development.

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**MEMBERSHIP:**

*(Attach a copy of your membership card or certificate from one (1) of the organizations listed below. The certificate or card must be issued in the applicant's name and must indicate that the membership is current. Agency memberships in organizations will not be accepted. The membership must be individual.)*

- Texas Youth and Child Care Worker Association (TYCCWA); **OR**
- Texas Juvenile Detention Association (TJDA); **OR**
- Texas Association for the Education of Young Children (TAEYC); **OR**

- Texas Alliance for School-age Care (TASAC); **OR**
- Texas Network of Youth Services (TNOYS).

**CERTIFICATION EXAM:**

*(Applicants must have taken the Associate Level Certification Exam. This can be documented by sending a copy of the letter you received telling you the score you received on the exam or you can simply fill in the spaces below documenting when you tested and your score. The Institute maintains testing records and can verify your participation in the testing program.)* **NOTE:** *During the ‘pilot testing’ phase any person who has taken the exam will be considered to have passed. When sufficient standardization data has been collected on the Associate Level exam, a ‘passing score’ will be designated. Anyone with an exam score below this ‘passing score’ will be required to retake the exam and pass it before receiving re-certification.*

- Test results letter attached; **OR**
- Testing Date: \_\_\_\_\_ Score: \_\_\_\_\_

**PROFESSIONAL CONTINUING EDUCATION REQUIREMENT:**

*(Practitioners who **do not** have an Associate degree in Child and Youth Care Work must submit documentation demonstrating that they have received training in the seven (7) core content areas. Practitioners who have participated in an approved Associates degree program but who have not received a degree may use their classroom hours to meet this certification standard.*

*Continuing education can have been received anytime during the practitioner’s career. Documentation must indicate the number of classroom hours of the training, the title and date of the training, and the name and credentials of the person conducting the training. Training can only be counted for credit in one of the content areas. Applicants must submit at least the minimum number of hours indicated for each content area. Supporting documentation (a certificate of completion, class attendance record, etc.) must be submitted for each continuing education training claimed.*

*These requirements are in addition to the 8 hours of Physical Management of Aggressive Behavior and Crisis Prevention or Child Guidance (training must have been received within one year of applying for certification); 3 hours of Ethics Training provided either by TYCCWA or one of the other approved organizations; and CPR and First Aid (no hourly requirement).*

***Please use the Continuing Education Form to list the continuing education courses you are submitting for credit in each content area.***

Child Development	35 – 45 hours
Observation and Assessment	5 – 15 hours
Health and Safety	20 – 30 hours
Program, Curriculum & Activities	15 – 25 hours
Guidance	30 – 40 hours
Family, Community & Diversity	15 – 25 hours
<u>Professional Issues</u>	<u>15 – 20 hours</u>
<b>Minimum # of hours</b>	<b>135</b>

*Return completed form to: Certification Institute, 405 West 28<sup>th</sup> Street #120, Bryan, Texas 77803*  
*For additional information: Voice (979) 775-0883 or Fax (979) 775-0893* Revised (6/2001)

**CHILD AND YOUTH CARE WORKER CERTIFICATION INSTITUTE of Texas**  
***Associate Level Professional Reference Form*** (please print or type)

Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number of person giving reference information: (\_\_\_\_) \_\_\_\_\_

Applicant, please check the appropriate box:

- Applicant has waived the right to review this document.
- Applicant reserves the right to review this document.

The person named above has applied to the Child and Youth Care Worker Certification Institute of Texas to be certified as an Associate Level Youth and Child Care Work Practitioner. An Associate Level practitioner:

- 1) demonstrates the ability to apply core knowledge, concepts, ideas, and skills in **at least one field practice setting**;
- 2) demonstrates **some** knowledge and skills in **all core competence areas**;
- 3) requires **moderate supervision** by practitioners with higher certification/education levels who provide consultation, direction, and guidance.
- 4) demonstrates the ability to identify/**collect information, evaluate** its relevance, and **make appropriate responses**.
- 5) demonstrates **insight** in assessing personal knowledge and skills within the context of professional practice.
- 6) **utilizes guidance and feedback** from practitioners with higher certification levels to enhance personal competence.

1. I have known the applicant since: \_\_\_\_\_  
month/year

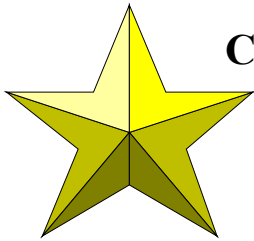
2. The nature of my relationship to the applicant is:
- I am a co-worker.
  - I am the applicant's current supervisor.
  - I am the applicant's former supervisor.

*I certify that I have been personally acquainted with the applicant since the date indicated above. I believe the applicant to be of good moral character and worthy of certification as an Associate Level Child and Youth Care Work Practitioner. Any reservations I may have are stated below.*

\_\_\_\_\_  
**Signature of Person Completing Form**                      \_\_\_\_\_ **Date**                       I am a certified CYC Practitioner  
(Please check, if applicable)

RESERVATIONS: (I have the following reservations about this applicant being certified as an Associate Level Practitioner)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Child and Youth Care Worker**  
***CERTIFICATION INSTITUTE* of Texas**

***Associate Level Competence Self-Assessment***  
*(Please type or print)*

Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date Assessment was conducted: \_\_\_\_\_

*Instructions:*

- 1) *The Institute recommends that the competence assessment process be considered as part of an overall plan for on-going professional development. Applicants should be able to provide concrete examples of their work that demonstrates their abilities in each competence area*
- 2) *The Competence Self-Assessment should be completed by the applicant and should reflect the applicant's perceptions of their skills and knowledge in each core area.*
- 3) *Certification at the Associate Level does not require an applicant to have fully demonstrated competence in all core areas. It is expected that an applicant will have demonstrated **some competence** in **each** of the core areas. It is recommended that the Institute's Associate Level Core Competencies be reviewed during the assessment process as a guide.*

**INSTRUCTIONS:** Please use the scale provided to indicate your assessment of your competence in each core area. If a competence has not been fully demonstrated, it might be helpful to design activities that demonstrate a your skills more fully.

For each core competency area, place the appropriate number in the square provided. Additional comments can be included to clarify ratings.

- 1 **RARELY** You were unable to demonstrate evidence of this competency, or you demonstrated evidence infrequently, or your actions in this area were inappropriate.
- 2 **SOMETIMES** You were able to demonstrate some evidence of this competency.
- 3 **MOST OF THE TIME** You were able to demonstrate the competency repeatedly. You demonstrate much evidence that you act in a competent, consistent, manner relative to this core area.

- 1) I understand child and adolescent development and apply developmental principles to work with children and youth.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) I effectively observe and assess children, youth, and their families while maintaining awareness of personal biases. I document professionally.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) I know the factors that affect the health and safety of children and youth and I effectively take steps to prevent and intervene in dangerous or unhealthy situations in work with children and youth.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) I understand how to use activities, rules, routines, and the physical environment to create a safe, developmentally appropriate, and positive environment for children and youth.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5) I use effective methods of positive guidance to help children and youth develop autonomy, mutual respect, responsibility, and self-discipline. I communicate effectively and maintain positive relationships with children, youth and their families. I know and use a variety of supervision methods.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**INSTRUCTIONS:** Please use the scale provided to indicate your assessment of the applicant’s competence in each core area. Base your assessment on multiple observations conducted over a period of time. If a competence has not been fully demonstrated to the assessor, it might be helpful to design activities that demonstrate a practitioner’s skills more fully.

For each core competency area, place the appropriate number in the square provided. Additional comments can be included to clarify ratings.

- 1 **RARELY** As you observed the practitioner, you were unable to witness evidence of this competency, or you observed evidence infrequently, or actions taken were inappropriate.
- 2 **SOMETIMES** You were able to observe some evidence of this competency.
- 3 **MOST OF THE TIME** The practitioner demonstrated the competency repeatedly. You observed much evidence that the practitioner was acting in a competent, consistent, manner.

The child and youth care work practitioner:

- 1) Understands child and adolescent development and applies developmental principles to work with children and youth.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) Effectively observes and assesses children, youth, and their families while maintaining awareness of personal biases; documents professionally.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

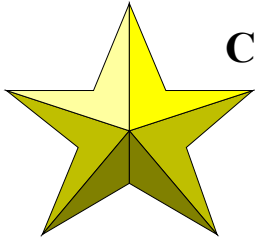
- 3) Knows the factors that affect the health and safety of children and youth and effectively takes steps to prevent and intervene in dangerous or unhealthy situations in work with children and youth.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) Understands how to use activities, rules, routines, and the physical environment to create a safe, developmentally appropriate, and positive environment for children and youth.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Child and Youth Care Worker**  
**CERTIFICATION INSTITUTE of Texas**

**Associate Level Continuing Education Form**  
*(Please type or print)*

Please use this form to summarize the supporting documentation you are submitting. Attach copies of the supporting documentation to this form in the same order that you have listed them. Thank you.

**Child Development (35 – 45 hours)**

<i>Title of Training</i>	<i>Instructor's Name</i>	<i>Instructor's Credential</i>	<i>Date of Training</i>	<i>Number of Clock Hours</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Observation and Assessment (5 – 15 hours)**

<i>Title of Training</i>	<i>Instructor's Name</i>	<i>Instructor's Credential</i>	<i>Date of Training</i>	<i>Number of Clock Hours</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

**Health and Safety (20 – 30 hours)**

<i>Title of Training</i>	<i>Instructor's Name</i>	<i>Instructor's Credential</i>	<i>Date of Training</i>	<i>Number of Clock Hours</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

10.				
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***Program, Curriculum & Activities (15 – 25 hours)***

<i>Title of Training</i>	<i>Instructor's Name</i>	<i>Instructor's Credential</i>	<i>Date of Training</i>	<i>Number of Clock Hours</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

***Guidance (30 – 40 hours)***

<i>Title of Training</i>	<i>Instructor's Name</i>	<i>Instructor's Credential</i>	<i>Date of Training</i>	<i>Number of Clock Hours</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

***Family, Community & Diversity (15 – 25 hours)***

<i>Title of Training</i>	<i>Instructor's Name</i>	<i>Instructor's Credential</i>	<i>Date of Training</i>	<i>Number of Clock Hours</i>
1.				
2.				
3.				
4.				
5.				
6.				

***Professional Issues (15 – 20 hours)***

<i>Title of Training</i>	<i>Instructor's Name</i>	<i>Instructor's Credential</i>	<i>Date of Training</i>	<i>Number of Clock Hours</i>
1.				
2.				
3.				
4.				
5.				
6.				

Total number of hours submitted: \_\_\_\_\_

*(Must be at least 135 hours with the total number in each area at least the minimum requirement for the content area.)*

*Revised (5/2000)*