

CYC-A Associate Level COLLEAGUE REFERENCE

Version 3.1

Page 1 of 2

The individual listed on this form has applied for certification as an Associate Level Child and Youth Care Practitioner (CYC-A).

Certified practitioners meet the highest standards in the field as established by the professional community at the intermediate level.

Through the professional certification process, candidates document their experience and competence 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 Care Work Practitioners* may be downloaded at www.CYCCB.org.

Two Colleague References are submitted with each Associate Level application.

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

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CHILD & YOUTH CARE
CERTIFICATION BOARD

Instruction to candidate:

Complete Section One and give this form to the individual who is providing your reference along 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 completed form 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 provide this reference. I understand that the information provided on this form will be used in determining my eligibility for certification as an Associate Level Practitioner (CYC-A) 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

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Page 2 of 2

Associate Level Scope of Practice

Associate level Child and Youth Care Practitioners:

- Have a minimum of three (3) years experience working with children, youth, & families
- Have completed basic training in child care and youth work
- Have mastered fundamental concepts and are working on deeper knowledge
- Are focused on expanding their range of skills
- Provide supervision and guidance to less experienced practitioners and receive supervision from others with more advanced credentials

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

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 an Associate Level CYC Practitioner (CYC-A). 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