



Child and Youth Care Certification Board, Inc.

1701 Southwest Parkway Suite 113
College Station, Texas 77840

Phone: 979-764-7306
Fax: 979-764-7307
E-Mail: passageh2h@aol.com

Dear Applicant,

Thank you for your interest in the professional level certification program offered by CYCCB. Successful completion of this program sets you aside as a practitioner that has met the highest standards in the child and youth care profession. The process will demonstrate your ability to meet the standards established by your professional colleagues as the full set of knowledge and skills necessary for fully professional child and youth care practice.

To become certified, you must complete all of the forms listed below and submit them with the required documentation. Below is a listing of the forms included in this application packet. In addition to these forms, you will need to download and complete the electronic portfolio available at www.acycp.org. It is necessary to receive a passing score on the 75-item exam before submitting your application.

<i>Form Name</i>	<i>Completed by</i>	<i>Pages</i>
Application form	Applicant	2-6
Professional Reference form (must be duplicated)	2 professional colleagues	7
Supervisor Assessment form (must be duplicated)	2 supervisory level colleagues	8-22
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You will receive notification when the office receives your application packet and electronic portfolio. CYCCB recommends that you make a copy of everything you submit for your records.

If you have questions regarding the process or certification program, visit www.acycp.org or contact our office.

Sincerely,
CYCCB Office Staff



CYC Certification Board, Inc.

Application for Professional Level Certification

(Please type or print)

Date Received:

Payment:

Amount: _____

Chk Date: _____

Chk #: _____

(For Office Use Only)

Name: _____ Date: _____

Work address: _____ Work Phone: () _____

City: _____ State: _____ Zip: _____

Home address: _____ Home Phone: () _____

City: _____ State: _____ Zip: _____

Email Address: _____

- Use my work address when communicating and sending notices.
- Use my home address when communicating and sending notices.

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

CERTIFICATION FEE:

- Application processing fee attached. Make check or money order for \$100.00 payable to "CYCCB".
- Application processing fee paid by employer.

EDUCATION AND EXPERIENCE REQUIREMENT:

During the 7-year 'grandfathering' phase beginning in 2006, educational requirements will be waived for practitioners who meet all other certification requirements.

After the 7- year 'grandfathering' phase has expired, a baccalaureate degree from a regionally accredited college or university will be the minimal educational requirement to engage in the certification process at the professional level.

*When documenting higher education, please submit a copy of your college transcript indicating the courses completed **AND** a copy of the degree issued upon graduation.*

If submitting a resume, please be sure to include the phone numbers and addresses of the organizations listed to facilitate verification.

- No degree **AND** 10,000 hours (five years) of documented experience in direct youth/child care work. **OR**

Street City State Zip
Position (title): _____

Length of Employment: From: _____ To: _____
Total Number of Work Hours: _____
 Full-time
 Part-time

Agency Name: _____ Phone: (____) _____

Address: _____
Street City State Zip

Position (title): _____
Length of Employment: From: _____ To: _____
Total Number of Work Hours: _____
 Full-time
 Part-time

Total number of hours worked: _____ (Add the numbers in the "Total Number of Work Hours" blanks above. The total number of hours worked must be at least the number required for the educational level you are claiming.)

PROFESSIONAL REFERENCES:

Two forms are necessary for completion of this section of the application process. Both forms are part of this application packet. You will need to copy them. If you don't have the forms visit www.acycp.org to download the forms. Applicants must submit at least two (2) professional references in addition to the two (2) Supervisor Assessments completed by the applicant's supervisor and a second supervisor or other knowledgeable professional. A different person must complete each of these forms so that a total of four (4) people have submitted reference material. If you are not currently employed in child care or have not been employed in your position for a minimum of six (6) months, CYCCB will accept an assessment from your previous supervisor if s/he worked with you for at least six (6) months. Other references may be accepted. We recommend contacting the CYCCB office for clarification.

- Professional References:** two (2) reference forms completed by co-workers who have known the applicant for 6 months or longer. Copy and use the **Professional Reference Form** (included in this application packet). **AND**
- Professional Level Supervisor Assessment:** this must be completed by a supervisory level person who has extensive, direct knowledge of the applicant's work with youth. Copy and use the **Supervisor Assessment Form** (included in this application packet). **AND**
- Professional Level Supervisor Assessment:** this must be completed by a second supervisor or other knowledgeable professional who has extensive, direct knowledge of the applicant's work with youth. Copy and use the **Supervisor Assessment Form** (included in this application packet).

PROFESSIONAL MEMBERSHIP:

Membership in a professional organization recognized by CYCCB is required for certification. Recognized organizations are listed at www.acycp.org. Please list at least one (1) professional organization that you belong to and provide a copy of your membership card or certificate indicating current membership.

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

PROFESSIONAL TRAINING REQUIREMENT:

All practitioners must submit documentation demonstrating that they have received training in the five (5) competency domains. Qualified training consists of formal agency in-service training, attendance at conferences, seminars and workshops (for specific sessions attended only), and college level courses. Practitioners who have completed college or university level courses may use their classroom hours to meet this certification standard (3 college credit hours = 48 classroom hours). To document your training requirements, please submit a copy of your official or unofficial college transcript. Please identify on the Professional Level Training Form the titles of the course work you wish to claim in each content domain.

Training can have occurred anytime during the practitioner’s career. To be eligible for certification, applicants must document a total of 250 hours of training that are directly related to the competency areas. At least 100 of these training hours must have occurred during the five (5) years preceding the application date. 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, employer training records, etc.) must be submitted for each training claimed.

Please use the Professional Level Training Form (included in this application packet) to list the training/courses you are submitting for credit in each content area.

Professionalism	Minimum of 20 hours
Cultural and Human Diversity	Minimum of 20 hours
Applied Human Development	Minimum of 20 hours
Relationship and Communication	Minimum of 40 hours
Developmental Practice Methods	Minimum of 80 hours
Additional Training (not assigned to _____ specific content domain)	Maximum of 70 hours
Total # of hours must equal:	250 hours

ETHICS AGREEMENT

With my signature below, I agree to use the Standards of Practice for North American Child and Youth Care Professionals as my ethics code as a professional CYC practitioner. I understand that my acceptance of this

code does not restrict my use of other codes that might be relevant to my practice. I have read the code, am aware of its contents and know that I can access additional copies at www.acycp.org.

Signature of applicant

Date

ELECTRONIC PORTFOLIO REQUIREMENT:

The competency-based electronic portfolio assessment allows the candidate to reflect on his/her own practice and determine how specific competencies are expressed. Each portfolio item is based on a required competency listed in the CYCCB competency document that has not been assessed by another method.

The portfolio will only be accepted in electronic format and should be submitted electronically when an application is submitted. Instructions for completion and submission of the electronic portfolio are included with the portfolio. The portfolio is available for downloading at www.acycp.org in Microsoft Word format.

Portfolio exercises are divided into seven (7) sections (marked on top of each assignment as: A, B, C, D, E, F, and G). Some sections have multiple questions from which one may be chosen; others only have one question for you to choose from. You must address one question within each section. One section (I.B.6.b) has two subsections, both of which require a response. You will submit a total of seven (7) exercises in your portfolio.

APPLICATION SUBMISSION:

Please mail the application form, supporting documentation, reference and supervisory assessment forms to:

CYC Certification Board, Inc.

1701 Southwest Parkway, Suite 113
College Station, Texas 77840

PORTFOLIO SUBMISSION:

Please send the completed portfolio electronically to the address indicated on the portfolio cover page. You will receive an electronic acknowledgement that the portfolio has been received.

CYC Certification Board, Inc.

Professional Reference Form (please print or type)

Name of Applicant: _____

Agency: _____ Position: _____

Person completing this form: _____ Position: _____

Address: _____

Dear Supervisor/Colleague,

Your assessment provides a vital link between knowledge tested by the exam and applied skills with children, youth and families. We encourage you to thoughtfully reflect your honest and accurate assessment of the practitioner. It is not necessary for practitioners to receive all '5' ratings to qualify for certification. Only CYCCB testing and assessment team members will have access to your assessment. As part of this process, your assessment will not be reported to the applicant, agency administrator or others not associated with the testing and assessment teams. Only aggregated data will be reported to the CYCCB Board or other interested professionals.

As part of the testing effort, we are asking everyone who completes the supervisor assessment to also complete a survey providing us information describing your experience using the assessment and your recommendations for improving the form and process. We appreciate your help with this important task. You should find the survey attached to the Supervisor Assessment. If not, please contact the CYCCB Office or visit www.acycp.org to download the form.

Please complete the attached forms, sign them, seal them in an envelope and mail them directly to CYC Certification Board, 1701 Southwest Parkway, Suite 113, College Station, Texas 77840.

Sincerely,

CYCCB Assessment Team

CYC Certification Board, Inc.

Professional Level Supervisor Assessment

(Please type or print)

Name of Applicant: _____

Agency: _____ Position: _____

Person completing this form: _____ Position: _____

Address: _____

Street

City

State

Zip

Phone Number of person giving assessment information: (_____) _____

Email Address of person giving assessment information: _____

Date Assessment was conducted: _____



I have directly supervised the applicant.

Instructions:

- 1) *The assessment documents a practitioner's ability to apply foundational knowledge and concepts to practice situations. It documents the critical link between knowledge and applied skills.*
- 2) *CYCCB recommends that the competence assessment process be considered as part of an overall plan for professional development. Applicants should be able to provide the supervisor/assessor with concrete examples of their work that demonstrate their abilities in each competence area. If the supervisor/assessor is unfamiliar with the applicant's work in a specific area, it is recommended that activities be designed so that the applicant can adequately demonstrate the applicant's abilities.*
- 3) *The assessment should be completed by a person who has supervised the applicant for at least a six (6) month period and by another who has extensive, direct knowledge of the applicant's work gathered over a period of time exceeding six (6) months.*
- 4) *The assessment is formatted to follow the competencies outlined in the "Competencies for Professional Child and Youth Work Practitioners." CYCCB recommends that the competencies be reviewed during the assessment process as a guide. They are available for downloading at www.acycp.org.*

Release: *(Must be signed by applicant) I understand and agree that the information provided on this form will be used in determining my eligibility for Professional Level child and youth work practitioner certification. I understand and agree that the information will be shared with the members of the CYCCB's Assessment Committee and others involved in the certification approval process but will, otherwise, be kept confidential.*

Applicant's Signature

Date

INSTRUCTIONS: *Please use the scale provided to indicate your assessment of the applicant's competence in each 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 may be helpful to design activities that demonstrate a practitioner's skills more fully.*

For each competency area, circle the number on the scale that best represents your assessment of the applicants demonstrated skills. Additional comments can be included to clarify ratings.

PROFESSIONALISM

1. Practitioner demonstrates the ability to give and receive constructive feedback. (I.B.1.b.2)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

2. Practitioner is knowledgeable of and conforms to agency work rules relating to attendance, punctuality, appearance sick and vacation time, and workload management. (I.B.1.c.1.a.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

3. Practitioner is a positive representative of the organization as evidenced by personal appearance and behavior. (I.B.1.c.1.a)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

4. Practitioner demonstrates helpful personal development and self care practices as evidenced by recognition of personal strengths, limitations, feelings, and needs and the ability to separate personal from professional issues. (I.B.3.a.1+2)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

5. Practitioner conforms to professional ethical standards, principles and values. (I.B.4.d.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

6. Practitioner demonstrates an understanding of proper procedures for reporting and correcting non-compliance. (I.B.5.d.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

7. Practitioner ensures that the views of clients are heard and considered regarding decisions that directly affect them, by acting as an advocate for the children, youth and families they serve. (I.B.6.f)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

CULTURAL AND HUMAN DIVERSITY

1. Practitioner avoids the use of stereotypes while accessing and using cultural information. (II.B.1.e)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

2. Practitioner uses displays of affection and physical contact that reflect sensitivity for individuality, age, development, cultural and human diversity as well as consideration of laws, regulations, policies and risks. (II.B.2.d. +II.B.2.b.2.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

3. Practitioner communicates information to clients, families and co-workers in a manner sensitive to cultural and human diversity (II B.2.f.).

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

4. Practitioner creates environments that celebrate the array of human diversity in the world through graphic art, diversity of personnel, programs, materials and activities. Practitioner creates environments that recognize and celebrate particular calendar events that are culturally specific, and encourages the sharing of culturally specific events among members of various cultural groups. ((II.B.3.b.2,3,4)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

5. Practitioner uses understanding of and sensitivity to culture and human diversity in setting appropriate boundaries and limits on behavior, including risk management decisions. (II.B.3.d.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

APPLIED HUMAN DEVELOPMENT

1. Practitioner is responsive to client help-seeking behaviors while promoting the healthy expression of needs and feelings. (III.B.2.b.3)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

2. Practitioner designs and implements counseling, group work, and guidance approaches that are sensitive to client individuality, age, development, and culture. (III.B.3.d)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

3. Practitioner creates and maintains an environment that is safe and promotes client growth. (III.B.3.f.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

4. Practitioner makes risk management decisions that reflect sensitivity for the client's individuality, age, development, culture and diversity, while ensuring a safe and growth-promoting environment. (III.B.3.g.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

5. Practitioner demonstrates the ability to support development in a broad range of circumstances in different developmental domains and contexts. (III.B.3.a.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

RELATIONSHIP AND COMMUNICATION

1. Practitioner demonstrates a variety of effective verbal and non-verbal communication skills including but not limited to: use of silence, active listening, empathy, reflection of feeling, reframing, questioning skills, and awareness and avoidance of communication roadblocks. (IV. B.1.b)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

2. Practitioner sets appropriate boundaries and limits regarding the behavior of youth using clear and respectful communication. (IV.B.1.f)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

3. Practitioner conveys the willingness to form healthy relationships through contact, communication, appreciation, shared interests, attentiveness, mutual respect, and empathy. (IV. B.2.b.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

4. Practitioner demonstrates the personal characteristics that foster and support relationship development such as honesty, predictability, availability, dependability, commitment, tolerance, flexibility, and compassion. (IV.B.2.c.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

5. Practitioner understands and ensures that agency policies and procedure regarding confidentiality, release of information and record keeping are explained and clearly understood by the parent/caregiver, and by the child and follows those procedures in a caring and respectful manner. (IV.B.2.d.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

6. Practitioner acts a positive role model in the handling of activities and situations of daily living. (IV.B.2.h)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

7. Practitioner sets, maintains and communicates appropriate personal boundaries. (I.B.2.f. + IV.B.1.d.2)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

8. Practitioner develops relationships with service recipients that are caring, purposeful, goal-directed and rehabilitative, habilitative and developmental in nature; limiting these relationships to the delivery of specific services. (IV.B.2.e)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

9. Practitioner establishes and maintains effective relationships within a team environment by: promoting and maintaining professional conduct, negotiating and resolving conflict; acknowledging and respecting cultural and individual difference, and supporting team members. (IV.B.4.a + II.B.2.h.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

10. Practitioner takes responsibility for collective duties and decisions with in the team. (IV.B.4.c)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

11. Practitioner takes part in building cohesion between team members through participation in team-building initiatives. (IV. B.4.e.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

DEVELOPMENTAL PRACTICE METHODS

1. Practitioner supports a healthy and safe environment by participating in emergency procedures specific to practice setting and carrying them out in a developmentally appropriate level. (V.B. 2.a.1)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

2. Practitioner demonstrates an ability to employ appropriate infection control practices. (V.B.2.d.3)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

3. Practitioner encourages client participation in assessment and goal setting in intervention planning and development of individual educational, developmental and treatment plans (V.B.3.c.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

4. Practitioner demonstrates the ability to teach skills in several domains of activity e.g., arts, crafts, sports, games, and music. (V.B.5.b.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

5. Practitioner maintains clean bathroom and bathing facilities that allow age and developmental appropriate privacy and independence. (V.B.6.b.4.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

6. Practitioner designs and maintains inviting, hygienic, and well repaired physical environment, equipment and supplies which positively supports activities of daily living. (V.B. 6.c.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

7. Practitioner demonstrates the ability to provide clear, coherent, and consistent expectations and set appropriate boundaries. (V.B. 9.f)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

8. Practitioner effectively evaluates and disengages from power struggles. (V.B.9.g)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

9. Practitioner demonstrates the ability to employ genuine relationships to promote positive behavior. (V.B.9.h.)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

10. Practitioner understands the principles of crisis management and is prepared for the possibility of interventive contact. (V.I.4)

5	4	3	2	1
Consistently demonstrates this competency		Inconsistently demonstrates this competency		Does not demonstrate this competency

Comments: _____

Supervisor/Assessor Recommendation: (must be signed by supervisor/assessor)

I attest that I am the supervisor/assessor for the applicant described on this assessment, that I have extensive, direct knowledge of the applicant's work, and to the best of my knowledge the information on this form accurately reflects the skills and knowledge of the applicant.

I am recommending the applicant for certification at the Professional Level. Any reservations I have are documented on the form above.

I am NOT recommending the applicant for certification at the Professional Level at this time.

 Supervisor/Assessor Signature

 Date

Revised (3/2008)



CYC Certification Board, Inc.

Professional Level Training Form

(Please type or print)

Please use this form to summarize the supporting training documentation you are submitting. Attach copies of the supporting documentation to this form in the same order that you have listed them. Please review the competencies listed in the "Competencies for Professional Child and Youth Work Practitioners" (available at <http://www.acyp.org/standards/CYCcomp10-20-2001.pdf>) to determine which content domain best fits the training content you are submitting. The last grid is provided for listing training that you believe supports at least one of the content domains but you are not sure how to assign it to a specific domain. You must submit documentation of at least 250 hours with the total number in each area at least the minimum requirement for the content domain. Thank you.

Professionalism (minimum of 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.				
7.				
8.				
9.				
10.				

Cultural & Human Diversity (minimum of 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.				
7.				

Applied Human Development (minimum of 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.				
7.				
8.				
9.				
10.				

Relationship & Communication (minimum of 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.				

Developmental Practice Methods (minimum of 80 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.				

Additional Training Not Assigned to a Specific Content Domain

<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.				
11.				
12.				
13.				

14.				
15.				

Total number of hours submitted: _____

(Must be at least 250 hours with the total number in each area at least the minimum requirement for the content area.)

Revised 3/2008



CYC Certification Board, Inc.

Supervisor Assessment Survey

To be completed by supervisors who complete the supervisor assessment.

Name: _____ Date: _____

Address: _____ Work Phone: () _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Email address: _____

Instructions:

CYCCB appreciates your help in providing information that will help us revise and improve the supervisor assessment. Please circle the numbers or mark the boxes below which best reflect your experience. We appreciate any specific comments you want to share with us that can guide us in improving the overall application process. It is not necessary to make comments in all spaces provided.

1) It would be helpful to receive/access the supervisor assessment forms in electronic format.

- In PDF format
- In Microsoft WORD
- Other: _____

2) The supervisor assessment is a deterrent to the certification process.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

If so, please explain: _____

3) Instructions on the supervisor assessment are clear and easy to follow.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

Comments: _____

4) The supervisor assessment is formatted in an easy-to-understand layout.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

5) The supervisor assessment can be improved by: _____

6) Information I think should be deleted from the supervisor assessment is: _____

7) Information I think should be added to the supervisor assessment is: _____

8) It was possible to fill out the supervisor assessment in a reasonable amount of time.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

9) Estimated length of time I spent on the supervisor assessment was: _____

10) I understood the relationship between the information requested and the certification process.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

11) I was able to complete the supervisor assessment without having to access the NACP Competency Document.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

12) Competency statements are clear and easy to understand.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

General comments on the supervisor assessment form:

Thank you for your time and feedback.



CYC Certification Board, Inc.

To be completed by applicant.

**A
P**

Application Process Survey

Name: _____ Date: _____

Address: _____ Work Phone: () _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Email address: _____

Total number of years in the child/youth care field: _____

Instructions:

CYCCB appreciates your help in providing information that will help us revise and improve the application process. Please circle the numbers or mark the boxes below which best reflect your experience. We appreciate any specific comments you want to share with us that can guide us in improving the overall process. It is not necessary to make comments in all spaces provided. Your responses in no way impact your certification status.

1) It would be helpful to receive/access the application forms in electronic format.

- In PDF format
- In Microsoft WORD
- Other: _____

2) The application process is a deterrent to the certification process.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2

If so, please explain: _____

3) Instructions on the forms are clear and easy to follow.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2

Comments: _____

4) Forms are formatted in an easy-to-understand layout.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2

5) The forms can be improved by: _____

6)1 The application process can be improved by: _____

7) Information I think should be deleted from the application process is: _____

8) Information I think should be added to the application process is: _____

9) It was possible to fill out the application in a reasonable amount of time.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2

10) Estimated length of time I spent on my application was: _____

11) I understood the relationship between the information requested and the certification process.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2

12) General comments on each of the following sections of the application forms:

(Please make any additional, specific comments below:)



CYC Certification Board, Inc.

Portfolio Survey

To be completed by applicant.

Name: _____ Date: _____

Address: _____ Work Phone: () _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Email address: _____

Total number of years in the child/youth care field: _____

Instructions:

CYCCB appreciates your help in providing information that will help us revise and improve the portfolio. Please circle the numbers or mark the boxes below which best reflect your experience. We appreciate any specific comments you want to share with us that can guide us in improving the overall process. It is not necessary to make comments in all spaces provided. Your responses in no way impact your certification status.

1) It would be helpful to receive/access the portfolio in electronic format.

- In PDF format
- In Microsoft WORD
- Other: _____

2) The portfolio is a deterrent to the certification process.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

If so, please explain: _____

3) Instructions for the portfolio activities are clear and easy to follow.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

Comments: _____

4) Portfolio activities are formatted in an easy-to-understand layout.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

5) The portfolio can be improved by: _____

6) Activities I think should be deleted from the portfolio is/are: _____

7) Activities I think should be added to the portfolio is/are: _____

8) It was possible to complete the portfolio activities in a reasonable amount of time.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

9) Estimated length of time I spent completing portfolio activities was: _____

10) The portfolio seems relevant to the certification process.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

11) Completing the portfolio was a useful learning experience.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

12) The portfolio was a good method for assessing my knowledge and skills.

Completely agree	Somewhat Agree	Somewhat Disagree	Completely disagree
5	4	3	2
			1

13) What entered into your selection of portfolio activities? (Mark all that apply)

- Prior experience with the activity
- Amount of time needed to complete activity
- Easy access to information
- Easy access to someone who can help with activity
- Activity professionally challenging and better learning experience

- Other activities were too time consuming
- Activity expanded my awareness of my talents and professional competence

14) Comments on specific portfolio activities:

(Please make any additional, specific comments below:)

Professionalism/Professional Competencies/Awareness of the Profession:

A (1). I.B.1.a _____

A.(2). I.B.1.b _____

A.(3). I.B.1.c _____

B.(1). I.B.1.d _____

Professionalism/Professional Competencies/ Professional Development and Behavior/ Value orientation:

C.(1). I.B.2.a (2) _____

Professionalism/Professional Competencies/ Professional Development and Behavior/ Staying Current:

C.(2). I.B.2.e (1) _____

Professionalism/Professional Competencies/ Personal Development and Self-Care/Self care:

C.(3). I.B.3.b (1) _____

Professionalism/Professional Competencies/ Advocacy:

D.(1). I.B.6.b _____

Culture and Human Diversity/Cultural and Human Diversity Awareness and Inquiry

E.(1). II.1.a _____

E.(2). II.1.b _____

Culture and Human Diversity/Relationship and Communication Sensitive to Cultural and Human Diversity:

E.(3). II.2.c _____

Applied Human Development/Professional Competencies/Access Resources That Support Healthy Development:

A.(4). III.B.4.a _____

Developmental Practice Methods/Professional Competencies/**Infectious Diseases:**

F.(1).V.B.d (1) _____

Developmental Practice Methods/Professional Competencies/**Intervention Planning:**

G.(1).V.B.3 (e) _____

Developmental Practice Methods/Professional Competencies/**Program Planning and Activity Planning:**

G.(2).V.B.5.a _____

Developmental Practice Methods/Professional Competencies/**Behavioral Guidance/employ principles of crisis management:**

G.(3).V.B.9.1 (1) _____

G. (4).V.B.9.1 (2) _____

General Comments on the overall portfolio process:

Thank you for your time and comments.

