

CHILD & YOUTH CARE CERTIFICATION BOARD, Inc.

Promoting competent, caring, and compassionate Child and Youth Care professionals.

CYC Certification Renewal Form

Name:		Dat	e:
☐ My contact informa	ation has not changed (Do not c	omplete contact info	ormation section below).
2-year anniversary date	nd am seeking to maintain m of the issue of my certificate. eck or money order payable to	I am attaching any	required
I understand that a late J	ee applies if I am filing my re	newal past the due	date.
For additional information	n on renewal requirements, v	visit the renewal ta	b at <u>www.cyccb.orq</u> .
CERTIFICATE I AM RENEV	WING:		
☐ Entry Level (CYC)			
Associate Level (CY	C-A)		
Professional Level	(CYC-P)		
Personal Email	N (Please PRINT & only includ	e information that /ork Email	HAS CHANGED)
Phone (mobile)	Phone (home)		Phone (work)
Street address (home)			
City		State (Prov)	Postal Code
Current employer:			
Current position:			
Street address (work)			
City		State (Prov)	Postal Code

PAYMENT: (Please make payment by check or money order or pay on-line at <u>www.cyccb.org</u>)
☐ \$55 USD (Entry or Associate Level)
☐ \$70 USD or \$95 CAD (Professional Level)
☐ \$50 USD or \$66 CAD late fee (all levels)
\square I paid renewal and/or late fee at <u>www.cyccb.org</u>
CONTINUING EDUCATION (check the method you are using and attach documentation) 30 hours of continuing education meets this requirement or you can document completion of 2 of the 8 alternative activities.
☐ 30 hours of Continuing Education: list the information on the CEU chart below and include documentation demonstrating attendance.
OR any 2 of the following
Research: Listing as an investigator or contributor to a research project related to child and youth care practice. (Demonstrated by a letter from principle investigator confirming role in project or copy of research document listing practitioner as contributor.)
☐ Training : Conducting 10 hours of training relevant to child and youth care practice. (Demonstrated by a letter from supervising authority that training was conducted; training announcement or equivalent documentation.)
☐ Education : Teaching a 3 credit hour college course relevant to child and youth care practice. (Demonstrated by a letter from university authority verifying the course, course catalog page, or brochure describing course.)
Publication: Publishing material relevant to child and youth care practice in a journal, or newsletter that meets reasonable standards for professional publication (Demonstrated by submission of the material published or citation describing material.)
Leadership: Holding an office, committee membership or chairpersonship in a child and youth care organization; participating on a task force or committee (outside of the practitioner's employing organization) focused on child and youth care issues. (Demonstrated by a letter or document verifying participation from the sponsoring entity verifying participation or name printed in letterhead or brochure.)
 Presentations: Presenting at a regional, state, provincial, national or international meeting or conference on a topic related to child and youth care practice. (Demonstrated by a letter of acceptance of presentation or announcement of

Portfolio Assessment: Serving as a CYCCB portfolio assessor during the renewal period. Assessors earn 1 hour of CEU credit for each portfolio reviewed (up to 8 hours/year). (Demonstrated by confirmation by the CYCCB Office. No additional documentation is needed.)
 Portfolio Assessor Training: Completing the CYCCB portfolio assessor training earns 4 hours of CEU credit. (Demonstrated by a certificate of training completion issued by the CYCCB Office.)

meeting listing presentation.)

CEU Chart

Certification Domain (use numbers from below)	Name of Training	Date of Training	# of Clock hours	Instructor Name

Certification Competency Domains:

- 1 Professionalism
- 2 Cultural & Human Diversity
- 3 Applied Human Development
- 4 Relationship & Communication
- 5 Developmental Practice Methods

PROFESSIONAL ENGAGEMENT (check the method you are using and attach documentation)

Membership in a professional association meets this requirement or you can

document completion of 2 of the 8 alternative activities.

Membership in professional association Name of association:
Proof of membership submitted:
OR any 2 of the following
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With my signature below I confirm that I am no convicted of any crimes that would cause me to youth or families in the state or province where this, please contact the CYCCB Office).	o be denied employment working with childre	en,				
Signature of Practitioner	Date					
Revised 3/2023						