



CHILD & YOUTH CARE CERTIFICATION BOARD, Inc.

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

Request for Application Filing Extension

Professional level applications must be filed within 6 months of the date of testing, CYCCB will grant a one-time 6-month extension to practitioners who request an extension and pay a \$20 administrative fee.

My original test date was _____. This extension will allow me to file my application and supporting documentation anytime up to one year following this date. After that time I understand that I will need to retest and pay the testing fee required at that time.

With my signature below, I am requesting an extension. I have:

- attached a check or money order for \$20 payable to CYCCB
- Paid on-line at www.cyccb.org

Sincerely,

Signature of Person Making Request

Date

Printed Name of Person Making Request

(For Office Use Only)
Date Received:
Payment:
Amount: _____
Chk Date: _____
Chk #: _____

Revised 5/2019

Return Form to:

CYCCB OFFICE, 1212 ORR STREET, COLLEGE STATION, TEXAS 77840 USA
(979) 764-7306 www.cyccb.org CYCoffice@youthworkacademy.org