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 77840-4454
(979) 764-7306 CYCcetification@youthworkacademy.org

Instruction to individual providing reference:
Please complete Section Two and mail completed form directly to CYCCB 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 Entry Level Practitioner (CYC) by the 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 CYCCB.

_______________________________________________________________________
Signature Date

Two Colleague References are submitted with each Entry Level application.
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 Entry Level CYC Practitioner (CYC). Any additional comments are stated below.

____________________________________________________________________

____________________________________________________________________

☐ I do not recommend the applicant for certification at this time. Any reservations I have are stated below.

____________________________________________________________________

____________________________________________________________________

Signature  Date