



APPLICATION TO REGISTER FOR THE COMPLETION OF
TIER I or TIER II TRAINING
OF THE COMPETENCIES
FOR CHILD AND YOUTH CARE PROFESSIONALS
(Please Print)

Date: _____ Registration Application: Tier I Tier II

Name: _____ Date of Birth: _____

Home Address: _____

City/State: _____ Zip Code: _____

Contact Phone: _____ Work Phone: _____

Email: _____ SSN: _____

Employer: _____

Present Position Title: _____

Length of Time in Child and Youth Care Field: _____

Training Site (Agency Name): _____

City/State: _____ Zip Code: _____

Training Dates: _____

Certified Trainer's Name: _____

Certified Trainer's Signature: _____

This application must be submitted within six (6) months of the completion of Tier I or Tier II training.

**Please include check or money order payable to OACYCP
for \$10.00 registration fee with this application.**

**Mail to:
Ohio Association of Child and Youth Care Professionals, Inc.
Certification Committee
c/o Tony Rodgers
762 Silverleaf Drive
Dayton, Ohio 45431**