

SECTION C

APPLICATION FORM

FOR THE

CHILD AND PARENTING

CERTIFICATE

OKLAHOMA FAMILY RESOURCE COALITION

Revised January 2005
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OFRC APPLICATION FOR CERTIFICATION

NAME: _____
Last First M.I. Former/Maiden

HOME ADDRESS: _____
Street

City State Zip Code

WORK PLACE: _____

WORK ADDRESS: _____
Street

City State Zip Code

Preferred Mailing Address: Home _____ Work _____

TELEPHONE: (____) _____ (____) _____ (____) _____
home work fax

E-MAIL ADDRESS: _____

1. Please check to indicate the certification category for which you are applying:

- _____ CHILD AND PARENTING ASSISTANT
- _____ CHILD AND PARENTING ASSISTANT, PROVISIONAL
- _____ CHILD AND PARENTING PRACTITIONER
- _____ CHILD AND PARENTING PRACTITIONER, PROVISIONAL
- _____ CHILD AND PARENTING SPECIALIST
- _____ CHILD AND PARENTING SPECIALIST, PROVISIONAL

Provisional is only granted when hours of work experience are insufficient.

2. _____ **I am a member of the Oklahoma Family Resource Coalition.**

(Please send copy of receipt, membership card, or cancelled check)

_____ **My organization is a member of Oklahoma Family Resource Coalition.**

(Please give organization's name) _____)

_____ **I am joining the Oklahoma Family Resource Coalition at this time and I have included the \$35.00 membership fee with the application fee.**

PLEASE NOTE: OKLAHOMA FAMILY RESOURCE COALITION'S MEMBERSHIP YEAR IS JULY 1 TO JUNE 30.

3. EDUCATION

If you are applying for a Child and Parenting Assistant certificate and choose Option 1, please answer the following question:

Is your CDA certificate current? Yes _____ No _____

If the answer is **Yes**, please send a photocopy of the current CDA certificate. If you are in the renewal process for your CDA certificate, please show proof of renewal by sending a copy of the expired certificate and a copy of the cancelled check used to pay for the new one. **Skip pages 2 through 6 of Section C if you are using your CDA certificate for the application.**

If you are applying for a Child and Parenting Assistant certificate and choose Option 2, complete all pages in Section C.

Applicants for the Child and Parenting Practitioner and Child and Parenting Specialist please complete all pages in Section C.

Please begin with your undergraduate college education.

INSTITUTION	MAJOR AREA OF STUDY	DATES ATTENDED	DEGREE DIPLOMA	DATE OF COMPLETION

ACADEMIC COURSE WORK (All course work must be listed on a transcript.)

Please list a course only once. If a course title is not descriptive of the course contents, please include a course description, syllabus, or other documentation that would help the Committee understand the true course content.

I. CHILD DEVELOPMENT (e.g., Prenatal Development, Infant Development, Toddlerhood, Preschool Development, Middle Childhood, Adolescent, Behavior and Guidance.)

PLACE AN ASTERISK (*) BY EACH GRADUATE WORK COURSE NUMBER

INSTITUTION	COURSE #	COURSE TITLE	DATE	CREDIT HR

II. PARENT EDUCATION (e.g., Parent Child Relationships, Parent-Community Relations, Parenting Practices/Processes, Parenting Rights and Responsibilities, Guidance, Transition to Parenthood.)

PLACE AN ASTERISK (*) BY EACH GRADUATE WORK COURSE NUMBER.

INSTITUTION	COURSE #	COURSE TITLE	DATE	CREDIT HR

* One course must be in the category of Parent Education

III. FAMILY STUDIES (e.g., Family Systems, Family Relationships, Family Theories, Adult Education, Marriage, Intergenerational Studies, Human Relations.)

PLACE AN ASTERISK (*) BY EACH GRADUATE WORK COURSE NUMBER.

INSTITUTION	COURSE #	COURSE TITLE	DATE	CREDIT HR

IV. EARLY CHILDHOOD EDUCATION (e.g., Methods of Early Childhood Teaching, Cognitive Development, Curriculum, Creative Activities, Program Development, Administration.)

PLACE AN ASTERISK (*) BY EACH GRADUATE WORK COURSE NUMBER.

INSTITUTION	COURSE #	COURSE TITLE	DATE	CREDIT HR

V. DEVELOPMENTAL PSYCHOLOGY (e.g., Life Span, Human Development, Developmental Psychology.)

PLACE AN ASTERISK (*) BY EACH GRADUATE WORK COURSE NUMBER.

INSTITUTION	COURSE #	COURSE TITLE	DATE	CREDIT HR

VI. SPECIAL EDUCATION (e.g., Gifted and Talented, Case Coordination, Early Intervention, Atypical Development, The Exceptional Child.)

PLACE AN ASTERISK (*) BY EACH GRADUATE WORK COURSE NUMBER.

INSTITUTION	COURSE #	COURSE TITLE	DATE	CREDIT HR

VII. OTHER SUBSTANTIALLY RELATED COURSES (Examples would include courses in Adult Education, Social Work, Sociology, Research or a Practicum. You must explain why you feel these courses are relevant to this certification. If you need more space for the description of the course, please use an additional paper.)

PLACE AN ASTERISK (*) BY EACH GRADUATE WORK COURSE NUMBER.

INSTITUTION	COURSE #	COURSE TITLE and DESCRIPTION	DATE	CREDIT HR

*** One academic course must be in Child Development Assessment, preferably at the Graduate Level. Additional information is needed if you don't have this course work.**

4. WORK EXPERIENCE

List only the work experience that occurred **after you gained your degree or CDA** and is relevant to this Certification. If your post degree work is not adequate to meet the required work experience time, you may want to apply for a **Provisional Certificate**. (See Section A for explanation.)

THIS WORK EXPERIENCE SHOULD BE FROM A PREVENTION, NOT TREATMENT, PERSPECTIVE AND SHOULD BE FOCUSED ON BUILDING FAMILY STRENGTHS.

1.

Place of Employment

Address

Yrs. employed _____ (_____ to _____) Hrs. worked ea. month _____ Total hrs. claimed _____ Mo., Yr. Mo., Yr.
I VERIFY THE ABOVE INFORMATION TO BE CORRECT.

Supervisor's Signature and Telephone Number

2.

Place of Employment

Address

Yrs. employed _____ (_____ to _____) Hrs. worked ea. month _____ Total hrs. claimed _____ Mo., Yr. Mo., Yr.
I VERIFY THE ABOVE INFORMATION TO BE CORRECT.

Supervisor's Signature and Telephone Number

3.

Place of Employment

Address

Yrs. employed _____ (_____ to _____) Hrs. worked ea. month _____ Total hrs. claimed _____ Mo., Yr. Mo., Yr.
I VERIFY THE ABOVE INFORMATION TO BE CORRECT.

Supervisor's Signature and Telephone Number

NOTICE: Please use a separate piece of paper to give a brief description of the work experiences listed above. You may include a copy of your job description if available. The Committee needs to understand the nature of your work with families.

5. REFERENCES

Please use the two forms included in your packet for the references. The forms should be completed by two individuals who can attest to your knowledge and skills in working with children and parents. One reference must be from a current supervisor. **The directions for the form must be followed exactly.** In order to provide confidentiality for the person giving the applicant a reference, the form must be placed in a sealed envelope with the signature of the professional written across the seal. The applicant returns the 2 envelopes with the application packet. If the letters are not handled in this manner, the Certification Review Committee will be unable to accept them.

6. PROFESSIONAL ORGANIZATION MEMBERSHIP

In order to stay current with issues that are relevant to this certification, the applicant must be a member of professional organizations that focus on building family skills and strengths. Please list the organization’s name and give proof of current membership. **This should be in addition to your membership (or your agency’s membership) in the Oklahoma Family Resource Coalition.**

ORGANIZATION: _____

STAPLE PROOF OF CURRENT MEMBERSHIP TO TOP OF THIS PAGE
(Proof of current membership can be in the form of a copy of a canceled check for membership fees or a copy of the membership card.)

APPLICATION SIGNATURE SECTION

I hereby certify that the above and foregoing information given on the OFRC application for Child and Parenting Certification is true and correct to the best of my knowledge. I further understand that falsification of any information will result in the denial or revocation of my certification and I will be prohibited from re-applying.

Applicant's Signature

Date