

**Information Booklet with
Application and Reference Forms**

**Certified
Children, Youth, and
Family Social Worker
(C-CYFSW)**

AND

**Certified
Advanced Children, Youth, and
Family Social Worker
(C-ACYFSW)**



NASW Credentials

NASW Credentials Accounting, 750 First St. NE, Suite 700, Washington, DC 20002
800-638-8799 x 447 • 202-408-8600 x 447 • SocialWorkers.org • credentialing@naswdc.org

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NASW's Specialty Certifications Program

In 1998, NASW conducted a survey of its membership, in which respondents clearly identified the need for—and a strong level of interest in—a national certification program in areas of social work specialization established and created by NASW. The NASW Specialty Certifications Program was launched early in 2000 to help the Association's members in today's competitive workplace attain:

- Enhanced professional and public recognition
- Increased visibility as specialized, professional social workers
- Association with a select group of specialized, professional social workers who have attained national distinction

NASW Specialty Certifications, accredited, degreed social workers only, provide a vehicle for recognizing social workers who have met national standards and possess specialized knowledge, skills, and experience. NASW is committed to assisting in the process of certifying social workers, and is working to emphasize the importance of employing social workers who have specialized training and experience.

NASW's voluntary professional specialty certifications provide recognition to those who have met national standards for higher levels of experience and knowledge, and are not a substitute for state licenses.

Definition of Children, Youth, and Family Social Work

The definition of “children, youth, and family social work” is: to provide services to, or on behalf of, individuals who are under the age of 18, and to the members of their households. Social work services are provided for the purpose of improving social and psychological functioning, providing support, and understanding the issues and concerns that affect them.

Definitions of Primary Areas

ADMINISTRATION

This term is often used synonymously with management. These positions include the responsibility to determine organizational goals for a social agency or other unit; acquire resources and allocate them to carry out a program; coordinate activities toward achieving selected goals; and monitor, assess, and make necessary changes in the processes and structure to improve effectiveness and efficiency.

ADVOCACY

This term describes the championing of rights for individuals or communities through direct intervention.

DIRECT PRACTICE

The term is used by social workers to indicate their range of professional activities on behalf of clients in which goals are reached through professional contact and immediate influence with those seeking social services.

POLICY

This term describes professional efforts to influence the development, enactment, implementation, modification, or assessment of social policies, primarily to ensure social justice and equal access to basic social goods.

PROGRAM DEVELOPMENT

A complex process that involves the development of organizational frameworks to deliver the services or outputs determined desirable by needs assessments. Program development may include such activities as establishing an agency and board of directors, securing funding and personnel, administration, supervision, and program evaluation.

PROGRAM EVALUATION

A process of reviewing program objectives and indicating all the activities that need to be performed, the time required for each, the sequence in which they should take place, to assess efficacy of program, and the resources required.

RESEARCH

The inquiry and investigation of social work related areas to describe, explain, or explore a social phenomenon. Research is intended to lead to effective practice interventions and improved practice skills.

SUPERVISION

This term describes an administrative and educational process used extensively in social agencies to help social workers further develop and refine skills, enhance staff morale, and provide quality assurance for clients.

EDUCATION

The social work instruction in a post-secondary academic environment that translates and connects theoretical and conceptual material into experiential material.

Certified Children, Youth, and Family Social Worker (C-CYFSW)

Specialty Certification for the Experienced BSW Children, Youth, and Family Social Worker

ELIGIBILITY CRITERIA

Applicants must meet ALL criteria to qualify for certification

Membership in NASW is not required to hold NASW Specialty Credentials. However, if you are a current NASW member, your membership must be in good standing to receive the discounted rate. Associate members are not eligible for NASW Specialty Certifications.

1. EDUCATION

BSW—The applicant must hold a bachelor's degree in social work from an accredited university. The program must have been accredited at the time the degree was received.

An original transcript is required and must be sent in a sealed envelope directly to NASW (see mailing instructions on page 5). If you have the NASW ACBSW (Academy of Certified Baccalaureate Social Workers) Credential (1991-95), you do not have to submit an original transcript. Otherwise, there are NO exceptions.

2. EXPERIENCE

The applicant must submit **one year** (1,500 hours—not counting administrative duties of approximately 30 hours per week of direct client-level children, youth and family social work tasks) post-BSW degree full-time, paid, professionally supervised (see SUPERVISION) work experience as a children, youth and family social worker in an agency or institutional setting. Experience must be completed at the time of application and must have been completed in no less than 12 months. Children, youth, and family social work practice must be current, within the 5 years preceding submission of this application.

3. SUPERVISION AND SUPERVISORY EVALUATION

Completed supervisory evaluation(s) must correspond in time to the qualifying experience that is submitted. Supervision must cover a minimum of three years (4,500 hours—not counting administrative duties, of approximately 30 hours per week of direct children, youth, and family social work tasks) post-BSW degree

full-time, paid work experience in an agency or institutional setting. The supervisor(s) must be able to evaluate the applicant's skills, knowledge, and abilities.

Hours of Supervision

For the first two years of post-BSW practice, regularly scheduled face-to-face supervision meetings should occur at a rate of one hour for every 15 hours of direct client-level children, youth, and family social work tasks (minimum of 100 hours per year). For the subsequent two years, the rate should be one hour for every 30 hours of direct children, youth, and family tasks (minimum of 50 hours per year). Thereafter, supervision and consultation may occur on an as-needed basis.

Social Work Supervision is Preferred

- BSW supervisors must have at least five years post-BSW social work experience.
- MSW supervisors must have at least two years post-MSW social work experience.

Social work references will not be accepted from non-social work degreed individuals who have been granted social work licenses by individual states.

At least one of the two references (supervisor or colleague) must be from a BSW or MSW social worker.

Alternate Supervisors

Although it is preferred that the supervisory reference comes from a BSW or an MSW, if such supervision as described above has not been available, a supervisory evaluation form will be accepted from a master's level or higher allied professional who is licensed, registered or certified in their respective profession. Allied professions include medicine, nursing, education, law, and other behavioral health practitioners. For example:

- Licensed psychiatrist
- Certified nurse practitioner
- Licensed clinical psychologist
- Licensed psychologist
- Licensed marriage and family therapist
- Licensed professional counselor

If you are submitting a supervisory evaluation from a non-social worker, your social work colleague reference must be from a BSW or MSW social worker.

4. BSW OR MSW SOCIAL WORK COLLEAGUE REFERENCE

A confidential reference from a BSW or an MSW social work colleague is required. The colleague reference cannot be completed by the same person who completed the supervisory evaluation.

If the supervisory evaluation reference is submitted by a BSW or an MSW and there is no BSW or MSW social worker available to complete the social work colleague reference form, it may be completed by a person on the list of alternate supervisors.

At least one of the two references (supervisor or social work colleague) must be from a BSW or MSW social worker.

5. LICENSE/CREDENTIALS: (Only ONE of the following is required)

- NASW's exam-based ACBSW (Academy of Certified Baccalaureate Social Workers), offered by NASW 1991–95.
- Current exam-based state BSW-level license or certification (Current copy with expiration date required.) Please note that exam-based licensure at the BSW level is available only in certain states.
- Passing score on the ASWB (Association of Social Work Boards) Bachelors level exam. *This option is intended for more recent BSW graduates who are in the process of applying for licensure and have completed the exam requirement but who have not yet received the*

actual social work license. A copy of the passing score document received at the exam site will be accepted.

- One additional year and 20 CEUs

To apply, you **MUST** have one of the above items. If your state does not have the Bachelors-level social work license, and you do not have one of the items listed above, you must have five years experience and 30 hours of continuing education to be eligible for the C-CYFSW Certification.

6. CONTINUING EDUCATION

The applicant must submit twenty hours (20) of appropriate continuing education at time of application.

7. AFFIRMATION OF PROFESSIONAL STANDARDS and STATEMENT OF UNDERSTANDING

CERTIFICATES

Applicants who meet all eligibility criteria and successfully qualify for the C-CYFSW will receive a certificate suitable for wall display. Each renewal period, those who successfully renew (see RENEWAL) will receive an updated seal to place on the original certificate.

RENEWAL

- Renewal occurs every two years.
- 20 contact hours of appropriate continuing education are required.

INSTRUCTIONS AND OTHER INFORMATION

GRADUATES OF FOREIGN SCHOOLS

Degrees from foreign universities must be evaluated by CSWE for equivalence to a degree received in the United States. For information about this process, including applicable fees, please contact:

Council on Social Work Education
1725 Duke Street, Suite 500, Alexandria, Virginia 22314
703-683-8080 • Fax: 703-683-8099 • www.cswe.org

CSWE generally completes equivalency evaluations within four weeks after receiving a request and

supporting documents. It is recommended that applicants start the evaluation process at least two months before submission of a NASW credential application. An acceptance letter from CSWE must be included with the credential application.

FEES

Certified Children, Youth, and Family Social Worker (C-CYFSW)

Initial application for members is \$140.00
Initial application for nonmembers is \$350.00

COMPLETE APPLICATIONS WILL INCLUDE:

- 1. Original BSW transcript sent to NASW directly from the school*
- 2. Application form
- 3. Payment
- 4. Qualifying Experience Form
- 5. If not an ACBSW holder, a copy of current state ASWB Bachelors exam-based BSW-level social work license with expiration date, or a copy of ASWB Bachelors level passing exam scores
- 6. Supervisory Evaluation Form
- 7. Social Work Colleague Reference Form
- 8. Continuing Education (20 hrs.)—attach copies to application
- 9. Affirmation of Professional Standards and Statement of Understanding

MAILING OF APPLICATION MATERIALS

*Transcript only

Item #1 above—Original transcript of BSW sent directly from the school to:

NASW Credentialing Center
750 First Street, NE, Suite 700
Washington, DC 20002-4241

Remainder of Application

Items #2 through #9 above to:

NASW Credentials Accounting
750 First Street, NE, Suite 700
Washington, DC 20002-4241

PROCESSING OF APPLICATIONS

Please allow up to 12 weeks for processing from the date we receive your application. No acknowledgement of our receipt of your application will be sent to you.

APPROVED APPLICATIONS

Applicants who successfully meet all criteria will be sent an approval letter and certificate suitable for framing. If renewed successfully, certificate holders will be sent a seal updating the certification for each renewal period.

OMISSIONS OR INCORRECT SUBMISSIONS

Applicants omitting required items or sending incorrect items will be notified and will be given a reasonable amount of time to complete or correct their application. Any application for which the required materials are not received by the established deadline will be deemed ineligible.

APPLICATIONS DEEMED INELIGIBLE

Any application that does not meet *all* of the criteria outlined in this booklet will be deemed ineligible.

REFUND POLICY

A processing fee equal to the total application fee will be retained if applications are either withdrawn or deemed ineligible. Letters of explanation will be mailed to all applicants who have been deemed ineligible.

Certified Advanced Children, Youth, and Family Social Worker (C-ACYFSW)

Specialty Certification for the Experienced MSW Children, Youth, and Family Social Worker

ELIGIBILITY CRITERIA

Applicants must meet ALL criteria to qualify for certification

Membership in NASW is not required to hold any NASW Specialty Credentials. However, if you are a current NASW member, your membership must be in good standing to receive the discounted rate. **Associate members are not eligible for NASW Specialty Certifications.**

1. EDUCATION

MSW—The applicant must hold a Master's degree in social work from a program accredited by the Council on Social Work Education (CSWE). The program must have been accredited by CSWE at the time the degree was received.

An original transcript is required and must be sent in a sealed envelope directly to NASW (see mailing instructions on page 7). If you were admitted to NASW's ACSW (Academy of Certified Social Workers) in 1989 or later or received NASW's QCSW (Qualified Clinical Social Worker) or DCSW (Diplomate in Clinical Social Work) Credential in 1996 or later, you do not have to submit an original transcript. Otherwise, there are NO exceptions.

2. EXPERIENCE

The applicant must submit **two years** (3,000 hours— not counting administrative duties approximately 30 hours per week of direct children, youth and family tasks) post-MSW degree full-time paid, appropriately supervised (see SUPERVISION) work experience, in an agency or institutional setting. Experience must be completed at the time of application and must have been completed in no less than 12 months. Children, youth, and family social work practice must be current, within the 5 years preceding submission of this application.

3. SUPERVISION and SUPERVISORY EVALUATION

Completed supervisory evaluation(s) must correspond in time to the qualifying experience that is submitted.

Supervision must cover a minimum of two years (1,500 hours, not counting administrative duties, of approximately 30 hours per week of direct client-level children, youth, and family social work tasks) post-MSW degree full-time, paid work experience as a children, youth, and family social worker in an agency or institutional setting. The supervisor(s) must be able to evaluate the applicant's skills, knowledge, and abilities.

Hours of Supervision

For the first two years of post-MSW practice, regularly scheduled face-to-face supervision meetings should occur at a rate one hour for every 30 hours of direct client-level children, youth, and family social work tasks (minimum of 50 hours per year). Thereafter, supervision and consultation may occur on an as-needed basis.

Social Work Supervision is Preferred

- MSW supervisors must have had at least two years post-MSW experience as a social worker.

Social work references will not be accepted from non-social work-degreed individuals who have been granted social work licenses by individual states.

Alternate Supervisors

While it is preferred that the supervisory reference comes from a BSW or an MSW, if such supervision as described above has not been available, a supervisor evaluation form will be accepted from from a master's level or higher allied professional who is licensed, registered or certified in their respective profession. Allied professions include medicine, nursing, education, law, and other behavioral health practitioners. For example:

- Licensed psychiatrist
- Certified nurse practitioners
- Licensed clinical psychologist
- Licensed psychologist
- Licensed marriage and family therapist
- Licensed professional counselor

4. MSW SOCIAL WORK COLLEAGUE REFERENCE

Confidential reference from an MSW social work colleague. The colleague reference cannot be completed by the same person who completed the supervisory evaluation.

5. LICENSE/CREDENTIALS: (Only ONE of the following is required)

- Current exam-based state MSW-level license (Current copy with expiration date required.)
- Passing score on the ASWB (Association of Social Work Boards) clinical level exam. *This option is intended for more recent MSW graduates who are in the process of applying for licensure and have completed the exam requirement but who have not yet received the actual social work license.*
- NASW's ACSW (Academy of Certified Social Workers) may be used by active-duty military personnel and social workers residing in foreign countries.

6. CONTINUING EDUCATION

The applicant must submit twenty hours (20) of appropriate continuing education at time of application.

7. AFFIRMATION OF PROFESSIONAL STANDARDS and STATEMENT OF UNDERSTANDING

CERTIFICATES

Applicants who meet all eligibility criteria and successfully qualify for the C-ACYFSW will receive a certificate suitable for wall display. Each renewal period, those who successfully renew (see RENEWAL) will receive an updated seal to place on the original certificate.

RENEWAL

- Renewal occurs every two years.
- Twenty (20) contact hours of relevant continuing education are required.
- The current ACSW, DCSW, or current MSW-level state social work licensure is required. The certification holder must comply with NASW's *Standards for Continuing Professional Education* (available online at www.socialworkers.org).

INSTRUCTIONS AND OTHER INFORMATION

GRADUATES OF FOREIGN SCHOOLS

Degrees from foreign universities must be evaluated by CSWE for equivalence to a degree received in the United States. For information about this process, including applicable fees, please contact:

Council on Social Work Education
1725 Duke Street, Suite 500, Alexandria, Virginia 22314
703-683-8080 • Fax: 703-683-8099 • www.cswe.org

CSWE generally completes equivalency evaluations within four weeks after receiving a request and supporting documents. It is recommended that applicants start the evaluation process at least two months before submission of a NASW credential application. An acceptance letter from CSWE must be included with the credential application.

FEES

Certified Advanced Children, Youth, and Family Social Worker (C-ACYFSW)

Initial application for members is \$165.00

Initial application for nonmembers is \$450.00

COMPLETE APPLICATIONS WILL INCLUDE:

- 1. Original transcript of MSW*
- 2. Application form
- 3. Payment
- 4. Qualifying Experience Form
- 5. If not an ACSW or DCSW holder, a current copy of state social work license at the intermediate, advanced, or clinical level with expiration date or a copy of ASWB intermediate, advanced or clinical exam passing scores.

- 6. Supervisory Evaluation Form
- 7. Social Work Colleague Reference Form
- 8. Continuing Education
- 9. Affirmation of Professional Standards and Statement of Understanding

MAILING OF APPLICATION MATERIALS

*Transcript only

Item #1 above—Original transcript of MSW sent directly from the school to:

NASW Credentialing Center
750 First Street, NE, Suite 700
Washington, DC 20002-4241.

Remainder of Application

Items #2 through #9 above to:

NASW Credentials Accounting
750 First Street, NE, Suite 700
Washington, DC 20002-4241

PROCESSING OF APPLICATIONS

Please allow up to 12 weeks for processing from the date we receive your application. No acknowledgement of our receipt of your application will be sent to you.

APPROVED APPLICATIONS

Applicants who successfully meet all criteria will be sent an approval letter and certificate suitable for framing. If renewed successfully, certificate holders will be sent a seal updating the certification for each renewal period.

OMISSIONS OR INCORRECT SUBMISSIONS

Applicants omitting required items or sending incorrect items will be notified and will be given a reasonable amount of time to complete or correct their application. Any application for which the required materials are not received by the established deadline will be deemed ineligible.

APPLICATIONS DEEMED INELIGIBLE

Any application that does not meet *all* of the criteria outlined in this booklet will be deemed ineligible.

REFUND POLICY

A processing fee equal to the total application fee will be retained if applications are either withdrawn or deemed ineligible. Letters of explanation will be mailed to all applicants who have been deemed ineligible.

Frequently Asked Questions

About NASW Specialty Certifications

Why Are These Specialty Certifications Being Offered?

- In response to member and chapter requests. NASW conducted a membership survey in 1997 that showed a 60 percent interest in certifications. A follow-up credentials survey was done in 1998, with a 70 percent response rate showing a desire for NASW to develop specialty certifications.

How does NASW's children, youth and family certification differ from the other certifications?

- NASW's certification is open to professional social workers with social work degrees from accredited universities at the time the degree was earned.
- NASW believes that social workers with BSW or MSW degree educational content, a social work exam passing score, and the required supervised work experience, clearly possess the core knowledge, skills, and abilities for children, youth, and family social work. Our certification does not require a separate exam, but does require demonstrated knowledge, skills, and abilities as verified by social work colleagues and supervisors.

I already have my social work license in my state. Do I need to get one of your Specialty Certifications?

- NASW certifications and credentials are not a substitute for any certification or license *required* by your state to practice social work.
- Holders of NASW Specialty Certifications are recognized for achieving high professional social work standards set by their national professional organization.
- NASW Specialty Certifications are voluntary national professional certifications. Many NASW members choose to apply and maintain NASW credentials and certifications as an enhancement of their personal professional identity.

SOCIAL WORK EDUCATION

Do I have to have a social work degree to apply for these certifications?

- Yes. Applicants must have a BSW (for the C-CYFSW) or an MSW (for the C-ACYFSW) from an accredited university at the time the degree was earned.
- Under no circumstances will any other degrees be accepted, even if one was "grandfathered" into a state social work license with a non social work degree.

I don't understand which level of certification I should apply for.

- If you have a BSW from an accredited university, and you meet all of the other criteria required, you should apply for the C-CYFSW, Certified Children, Youth, and Family Social Worker.
- If you have an MSW from an accredited university, and you meet all of the other criteria required, you should apply for the C-ACYFSW, Certified Advanced Children, Youth, and Family Social Worker.

TRANSCRIPTS

I have a copy of my transcript, can I send it?

- No. Official transcripts issued by the Office of the Registrar are required and must be mailed directly from the school to NASW in a sealed envelope. Transcripts issued to students or copies of transcripts will not be accepted. Original transcripts must be sent directly from the school to:

NASW Credentialing Center
Specialty Certifications
750 First Street, NE, Suite 700
Washington, DC 20002-4241

- *Exceptions. Original transcripts are not required ONLY under the following circumstances:*
 - C-CYFSW applicants who received the NASW ACBSW credential (1991–95)
 - C-ACYFSW applicants who were admitted to NASW's ACSW (*Academy of Certified Social Workers*) in 1989 or later
 - C-ACYFSW applicants who received NASW's QCSW (*Qualified Clinical Social Worker*) or DCSW (*Diplomate in Clinical Social Work*) in 1996 or later.

I have a social work license in my state. Why do I have to send a transcript?

- Holding a social work license does not prove that you have a BSW or an MSW from an accredited university. Some states have “grandparented in” state social work licensing applicants who do not have a BSW or an MSW, but who have other (non-social work) degrees.

Can I send a photocopy of my Diploma instead?

- No.

SUPERVISION—REFERENCE FORMS

I don't/didn't have an MSW supervisor; can I use the other supervisor I had?

- There are some alternate supervisors from whom references will be accepted. See supervision requirements for each certification.

Can the supervisory evaluation form and the colleague reference form be completed by the same person?

- No. The forms must be completed by two different people.

RENEWAL

I have to complete 40 continuing education contact hours every two years to renew my state social work license. Do I have to complete 20 hours every two years in addition to the 40 required by my state to renew the certification?

- No. As long as the content of the continuing education you have completed toward the renewal of your state license can be tied to the primary areas of children, youth, and family social work, you should be able to submit the same trainings for the renewal of your NASW Children, Youth, and Family Social Worker Certification.

I am confused because the NASW Standards for Continuing Professional Education state that I should complete 48 hours of continuing education every two years. This certification says I need only 20 hours every two years to renew. Which one is correct?

- They are both correct. The NASW Standards recommend that NASW members complete 48 hours of continuing education over a two-year period. However, for the purposes of renewing the Children, Youth, and Family Social Worker Certification, proof of 20 hours specifically relevant to your certification practice is required.

COPIES OF APPLICATION FORMS

I have some colleagues who also want to apply. I want all of my staff members to apply. Can I just make copies of the application forms for them to submit?

- No. We prefer that each applicant use original forms. We require original documentation. We also need each applicant to have all the information in the booklet so that they fully understand the criteria and can consult the booklet for information as they complete their application.

APPLICATION FORM

Children, Youth, and Family Social Worker Specialty Certification

Please read the criteria and all instructions before completing this form.

Application For:

- C-CYFSW (Certified Children, Youth and Family Social Worker—BSW level)
- C-ACYFSW (Certified Advanced Children, Youth and Family Social Worker—MSW level)

NASW Membership number: 8 8 _____ (if applicable)

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: H _____ W _____ E-mail: _____

Accredited Social Work Education

Degree: BSW MSW Date awarded: _____ School: _____

Name under which transcript was issued, if different from current name _____

License/Credentials

C-CYFSW—ONE of the following is *required*. Mark appropriate box.

- NASW ACBSW Credential
- Current state-issued, ASWB basic exam-based BSW-level license (*include current copy showing expiration date with application*)
- Passing score on ASWB Bachelors level exam (*include copy of exam scores*)

C-ACYFSW—ONE of the following is *required*. Mark appropriate box.

- NASW ACSW or DCSW Credential
- Current State issued exam-based MSW-level license (*include current copy showing expiration date with application*)
- Passing score on ASWB clinical exam (*include copy of passing exam scores with application*)

Payment (mark appropriate box)

Authorized Amount – please check the appropriate fee level

BSW \$140 – NASW Member \$350 – Non-member

MSW \$165 – NASW Member \$450 – Non-member

- Check or money order made payable to “NASW Credentialing Center”
- American Express MasterCard Visa NASW Visa (supports work on behalf of your profession)

Card number: _____ Expiration date: _____

Signature: _____

The **Affirmation of Professional Standards** and the **Statement of Understanding** on the back of this page **MUST** be completed, signed, and dated.—**SEE REVERSE**

AFFIRMATION OF PROFESSIONAL STANDARDS

Have you ever been found in violation of a state social work licensing law or regulation or the NASW *Code of Ethics* or are there any cases pending against you?

- NO
- YES—I understand that NASW certifications will not be awarded until violations are satisfactorily reviewed. (Attach an explanation of the corrective action taken and the current status of this matter.)

I certify that my social work practice conforms to the NASW *Code of Ethics* and the NASW *Standards for Continuing Professional Education*. I further agree to adhere to the NASW *Code of Ethics* and the NASW *Standards for Continuing Professional Education*, and to voluntarily participate, if requested to do so, in any NASW adjudication proceedings involving alleged violations of the NASW *Code of Ethics*, and to be subject to any verification process established by NASW concerning practice and continuing education standards.

I understand that refusal or failure to participate in an adjudication proceeding or verification process may be grounds for revocation of this certification. I further understand that NASW reserves the right to revoke NASW social work certifications of any person found to have violated the NASW *Code of Ethics*, or found to be noncompliant with the NASW *Standards for Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency. The *Code of Ethics* and all NASW Standards are available online at www.socialworkers.org

Signature: _____ Date: _____

STATEMENT OF UNDERSTANDING

I hereby apply for specialty certification as a:

- Certified Children, Youth, and Family Social Worker
- Certified Advanced Children, Youth, and Family Social Worker

I understand that my certification depends on successful completion of the certification procedure and my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I further understand that if any information is later determined to be false, NASW reserves the right to revoke any certification that has been granted on the basis thereof. I further understand that NASW reserves the right to terminate the certification of any person who is found to be in violation of the NASW *Code of Ethics*, or state social work laws or regulations.

I understand that continued use of the CERTIFIED CHILDREN, YOUTH, AND FAMILY SOCIAL WORKER or CERTIFIED ADVANCED CHILDREN, YOUTH, AND FAMILY SOCIAL WORKER designation depends on payment of the certification renewal fee, and such other requirements as NASW may stipulate, and if at any time, my CERTIFIED CHILDREN, YOUTH, AND FAMILY SOCIAL WORKER or CERTIFIED ADVANCED CHILDREN, YOUTH, AND FAMILY SOCIAL WORKER status are not active, I may not designate myself as a CERTIFIED CHILDREN, YOUTH, AND FAMILY SOCIAL WORKER or CERTIFIED ADVANCED CHILDREN, YOUTH, AND FAMILY SOCIAL WORKER.

I hereby release, discharge, and exonerate NASW, its directors, officers, members, examiners, representatives, and agents, including the Competence Certification Commission, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with any aspect of the application process including results, or decisions on the part of NASW and/or its agents which may include a decision to not issue me a certificate.

Signature: _____ Date: _____

Qualifying Experience Form

Include ONLY children, youth, and family social work experience. List current or most recent experience. Do NOT send resumes.

Name of applicant: _____

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Which of the following are part of your job functions? (see page 1)

- Advocacy
- Administration
- Education
- Supervision
- Policy
- Research
- Direct Service
- Program Development
- Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- Full-time (must be at least 30 hours per week direct contact to be credited as full time)
- Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Which of the following are part of your job functions? (see page 1)

- Advocacy
- Administration
- Education
- Supervision
- Policy
- Research
- Direct Service
- Program Development
- Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- Full-time (must be at least 30 hours per week direct contact to be credited as full time)
- Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Qualifying Experience Form

Include ONLY children, youth, and family social work experience. List current or most recent experience. Do NOT send resumes.

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Which of the following are part of your job functions? (see page 1)

- Advocacy Administration Education Supervision
 Policy Research Direct Service Program Development
 Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- Full-time (must be at least 30 hours per week direct contact to be credited as full time)
 Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Which of the following are part of your job functions? (see page 1)

- Advocacy Administration Education Supervision
 Policy Research Direct Service Program Development
 Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- Full-time (must be at least 30 hours per week direct contact to be credited as full time)
 Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Supervisory Reference Evaluation Form

Certified Children, Youth, and Family Social Worker BSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

I, the undersigned applicant for the NASW Certified Children, Youth, and Family Social Worker Specialty Certification, attest that the supervisory reference named _____, is a social work/ _____ professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When this section is completed, give the entire form to the SUPERVISOR for completion. The supervisor must return the completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SUPERVISORY REFERENCE

Dear Supervisor:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Children, Youth, and Family. The information that you provide on this form will help establish the applicant's eligibility for the Certified Children, Youth, and Family Social Worker Specialty Certification. References must be able to answer at least 24 of the 28 questions. (Only four of the questions can be marked "not applicable" or "unable to rate"). Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

Supervision Requirements

Supervisor Qualifications

Applicants for the Certified Children, Youth, and Family Social Worker must be supervised by either a BSW social worker with at least five years post-BSW degree social work experience or by an MSW social worker with at least two years post-MSW degree social work experience. For a limited time, other professionals will be allowed to complete the supervisory evaluation form. (See Alternate Supervision pg. 2)

C-CYFSW SUPERVISORY REFERENCE EVALUATION FORM INSTRUCTIONS

NASW appreciates your reading each item carefully and evaluating the applicant according to the scale provided. Please include comments/explanation on any item marked “minimal” such as “improving”, “additional training planned”, etc.

KEY:

- Not Applicable: *Not part of services in your setting or not part of applicant’s role/responsibilities*
- Unable to Rate: *Have not had the opportunity to directly observe applicant or discuss in supervision*
- Minimal: *Minimum Ability/Skills/Knowledge—could use improvement*
- Average: *Average Ability/Skills/Knowledge—adequate for position*
- Excellent: *High-level Ability/Skills/Knowledge*

1. Ability to engage children, youth and/or families

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to establish and maintain appropriate professional boundaries

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Demonstrates knowledge and skills related to diversity

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skills in incorporating consumer self-assessment of strengths and needs in a psychosocial assessment and interventions

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Practices from a strengths perspective

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Demonstrates skill in identifying risk and resilience factors

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Ability to work in collaborative relationships with other professional disciplines

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Ability to seek and use supervision appropriately

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Demonstrates up-to-date knowledge of local resources available to clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Ability to incorporate understanding of NASW Code of Ethics

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

11. Ability to coordinate service delivery to ensure the continuity and complementarity of the services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

12. Ability to respond effectively in crisis situations

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

13. Demonstrates knowledge and understanding of federal, state, and local laws, regulations, and mandates as they relate to children, youth and families

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

14. Recognizes the importance of client's social support networks both formal and informal

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

15. Ability to advocate for children, youth and families

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

16. Ability to collect and report data

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

17. Ability to promote children, youth and family self-sufficiency and self-determination

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

18. Ability to perform the appropriate agency requirements for service planning, assessment, intervention, termination, and follow-up

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

19. Demonstrates knowledge of child and family development

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

20. Ability to incorporate knowledge of the relevant practice theories (e.g. family systems theory, cognitive/behavioral, ecological perspective) in work

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

21. Demonstrates knowledge of community and inter-personal violence issues (e.g. child maltreatment, partner violence, violent crime) and their impact on individual and family functioning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

22. Recognizes the signs and symptoms of family violence

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

Name of applicant: _____

23. Ability to recognize the signs, symptoms and impact of child neglect including emotional neglect

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

24. Ability to recognize the signs, symptoms, and impact of alcohol and other drug abuse

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

25. Ability to recognize the signs, symptoms, and impact of socioeconomic stressors (e.g. poverty, unemployment, access to healthcare, housing and oppression)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

26. Ability to recognize the signs, symptoms, and impact of mental illness in children, youth and families

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

27. Ability to recognize the signs, symptoms, and impact of MR/DD and learning differences in children, youth, and families

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

28. Knowledge of history and major pieces of legislation regarding child and family welfare

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

INFORMATION ABOUT SUPERVISOR

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? YES NO

If YES: BSW year _____ MSW year _____ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

If NO, degree/discipline/license:

- Licensed psychiatrist
- Certified nurse practitioner
- Licensed marriage and family therapist (LMFT)
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)
- Licensed professional counselor (LPC)

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree children, youth, and family experience: _____

Name of applicant: _____

Your current position/title: _____

Name/address of agency/organization where supervision took place:

City: _____ State: _____ Zip code: _____

Documentation of Supervision

For the first two years post-BSW, this certification requires that direct face-to-face supervision meetings with the applicant occurred at a rate of one hour for each 15 hours of direct client-level children, youth, and family social work tasks and requires a minimum total of 100 hours of supervision. For the subsequent two years post-BSW, the required rate is one hour for each 30 hours of direct client-level children, youth, and family social work tasks and requires a minimum of 50 hours of supervision. From the fifth year post-BSW and later, supervision and consultation meetings should occur at a minimum on an as-needed basis.

- Dates you provided supervision for the applicant: From (mo./yr.) _____ To (mo./yr.) _____
- Number of hours per week the applicant worked under your supervision: _____
- Frequency of individual supervision meetings:
 - Semi-weekly (2x weeks)
 - Weekly
 - Other—specify nature, frequency and length (# of hours) of supervision: _____
- Length of individual supervision meetings:
 - 1 hour
 - Other: _____
- Total number of hours of supervision you provided for the applicant: _____

I hereby affirm that I directly supervised the applicant and the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as Certified Children, Youth, and Family Social Worker.

Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.

Social Work Colleague Reference Form

Certified Children, Youth, and Family Social Worker BSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

I, the undersigned applicant for the NASW Certified Children, Youth, and Family Social Worker Specialty Certification, attest that the colleague reference named, _____ is a professional knowledgeable about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When the above section is completed, give the entire form to the COLLEAGUE for completion. The colleague must return completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SOCIAL WORK COLLEAGUE

Dear Colleague:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Children, Youth, and Family. The information that you provide on this form will help establish the applicant's eligibility for the Certified Children, Youth and Family Social Worker Specialty Certification. Please review the form before completing. If you are unable to complete the form or are unable to respond to any of the items, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

1. Ability to incorporate understanding of the NASW Code of Ethics in practice

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to use social work colleagues for peer consultation when appropriate

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Ability to treat colleagues with courtesy and respect

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skill in striving to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client

Minimal Ability Average Ability Excellent Ability

5. Ability to critically evaluate own practice as a social worker

Minimal Ability Average Ability Excellent Ability

6. Demonstrates commitment to continuing professional development

Minimal Ability Average Ability Excellent Ability

7. Ability to work as part of a multidisciplinary team

Minimal Ability Average Ability Excellent Ability

8. Ability to promote client self-sufficiency and support client self-determination

Minimal Ability Average Ability Excellent Ability

9. Ability to advocate for clients and families

Minimal Ability Average Ability Excellent Ability

10. Demonstrates commitment to engage in ethnic/gender/age/faith-sensitive practice

Minimal Ability Average Ability Excellent Ability

11. Ability to establish and maintain appropriate boundaries with clients

Minimal Ability Average Ability Excellent Ability

INFORMATION ABOUT COLLEAGUE

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? YES NO

If YES: BSW year _____ MSW year _____ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

Name of applicant: _____

If NO, degree/discipline/license: _____

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree children, youth and family social work experience: _____

Your current position/title: _____

How long have you known the applicant? _____ (years) _____ (months)

Do you/did you work in the same employment setting as the applicant? YES NO

If NO, in what capacity or professional relationship do you know the applicant? _____

I hereby affirm to the applicant's competence as a children, youth and family social worker and that the applicant has completed the employment described on the reverse side of this form. To the best of my knowledge and belief, the applicant's social work practice conforms to the NASW *Code of Ethics*, and the NASW *Standards for Continuing Professional Education*. (The applicant can make these standards available to you for review.)

Signature: _____ Date: _____

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

Supervisory Reference Evaluation Form

Certified Advanced Children, Youth, and Family Social Worker MSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

I, the undersigned applicant for the NASW Certified Advanced Children, Youth, and Family Social Worker Specialty Certification, attest that the supervisory reference named _____, is a social work/ _____ professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When this section is completed, give the entire form to the SUPERVISOR for completion. The supervisor must return the completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SUPERVISORY REFERENCE

Dear Supervisor:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Children, Youth, and Family Social Work. The information that you provide on this form will help establish the applicant's eligibility for the Certified Advanced Children, Youth and Family Social Worker Specialty Certification. References must be able to answer at least 34 of the 38 questions. (Only four of the questions can be marked "not applicable" or "unable to rate"). Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

Supervision Requirements

Supervisor Qualifications

Applicants for the Certified Advanced Children, Youth, and Family Social Worker Specialty Certification must be supervised by an MSW social worker with at least two years post-MSW degree social work experience. In cases where the applicant has not had access to a qualified MSW supervisor, a supervisory reference will be accepted from other professionals (See Alternate Supervision pg. 5).

C-ACYFSW SUPERVISORY REFERENCE EVALUATION FORM INSTRUCTIONS

NASW appreciates your reading each item carefully and evaluating the applicant according to the scale provided. Please include comments/explanation on any item marked “minimal” such as “improving”, “additional training planned”, etc.

KEY:

- Not Applicable: *Not part of services in your setting or not part of applicant’s role/responsibilities*
- Unable to Rate: *Have not had the opportunity to directly observe applicant or discuss in supervision*
- Minimal: *Minimum Ability/Skills/Knowledge—could use improvement*
- Average: *Average Ability/Skills/Knowledge—adequate for position*
- Excellent: *High-level Ability/Skills/Knowledge*

1. Ability to engage children, youth and/or families

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to establish and maintain appropriate professional boundaries

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Demonstrates knowledge and skills related to diversity

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skills in incorporating clients’ self-assessment of strengths and needs in a psychosocial assessment and intervention

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Practices from a strengths perspective

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Demonstrates skill in identifying risk and resilience factors

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Ability to work in collaborative relationships with other professional disciplines

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Ability to seek and use supervision

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Demonstrates up-to-date knowledge of local resources available to clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Ability to incorporate understanding of NASW Code of Ethics

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

11. Ability to coordinate service delivery to ensure the continuity and complementarity of the services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

12. Ability to respond effectively in crisis situations

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

13. Demonstrates knowledge and understanding of federal, state, and local laws, regulations, and mandates as they relate to social work practice with children, youth and families

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

14. Recognizes the importance of client's social support networks including both formal and informal

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

15. Ability to advocate for children, youth, and families

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

16. Ability to collect and report data

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

17. Ability to promote children, youth and family self-sufficiency, and self-determination

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

18. Ability to perform the appropriate agency requirements for service planning, assessment, intervention, termination, and follow-up

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

19. Demonstrates knowledge of child and family development

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

20. Ability to incorporate knowledge of the relevant practice theories (e.g. family systems theory, cognitive/behavioral) in work

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

21. Demonstrates knowledge of community and inter-personal violence issues (e.g., child maltreatment, partner violence, violent crime) and their impact on individual and family functioning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

22. Ability to recognize the signs and symptoms of family violence

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

Name of applicant: _____

- 23. Ability to recognize the signs, symptoms, and impact of child neglect including emotional neglect**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 24. Ability to recognize the signs, symptoms, and impact of alcohol and other drug abuse**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 25. Ability to recognize the signs, symptoms, and impact of socioeconomic stressors (e.g. poverty, unemployment, access to healthcare, housing, and oppression)**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 26. Ability to recognize the signs, symptoms, and impact of mental illness in children, youth and families**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 27. Ability to recognize the signs, symptoms, and impact of MR/DD and learning differences in children, youth and families**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 28. Knowledge of history and major pieces of legislation regarding child and family welfare**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 29. Demonstrates knowledge of social policy analysis development and the role of social work in effecting policy change**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 30. Demonstrates ability to analyze and understand data**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 31. Ability to work with clients with complex needs, such as dual or multi-diagnosed clients**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 32. Demonstrates ability to conduct multi-axial assessment and understand major DSM-IV diagnoses**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 33. Ability to evaluate services and programs for individuals, families, groups, communities, and organizations**
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Applicable | Unable to Rate | Minimal Ability | Average Ability | Excellent Ability |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Name of applicant: _____

34. Ability to critically evaluate one's own practice

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

35. Demonstrates ability to provide supervision in a culturally competent manner and in accordance with NASW Code of Ethics

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

36. Demonstrates advanced knowledge and skills in the recognition, assessment, and treatment modalities of child maltreatment

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

37. Recognizes the inter-relatedness of alcohol and other drug abuse, mental illness, poverty, family violence, child maltreatment, and other socioeconomic stressors on family functioning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

38. Demonstrates current knowledge of practice and policy research related to children, youth and families

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

INFORMATION ABOUT SUPERVISOR

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? YES NO

If YES: BSW year _____ MSW year _____ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

If NO, degree/discipline/license: _____

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree children, youth, and family experience: _____

Your current position/title: _____

Name/address of agency/organization where supervision took place:

City: _____ State: _____ Zip code: _____

Documentation of Supervision

For the first two years post-MSW, this certification requires that direct face-to-face supervision meetings with the applicant occurred at a rate of one hour for each 30 hours of direct client-level children, youth, and family social work tasks and requires a minimum total of 50 hours of supervision. From the third year post-MSW and later, supervision and consultation meetings should occur at a minimum on an as-needed basis.

- Dates you provided supervision for the applicant: From (mo./yr.) _____ To (mo./yr.) _____
- Number of hours per week the applicant worked under your supervision: _____
- Frequency of individual supervision meetings:
 - Semi-weekly (2x weeks)
 - Weekly
 - Other—specify nature, frequency and length (# of hours) of supervision: _____
- _____
- _____
- Length of individual supervision meetings:
 - 1 hour
 - Other: _____
- Total number of hours of supervision you provided for the applicant: _____

I hereby affirm that I directly supervised the applicant and the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as Certified Advanced Children, Youth, and Family Social Worker.

Signature: _____ Date: _____

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

Social Work Colleague Reference Form

Certified Children, Youth, and Family Social Worker MSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

I, the undersigned applicant for the NASW Certified Advanced Children, Youth, and Family Social Worker Specialty Certification, attest that the MSW social work colleague reference named, _____ is a professional knowledgeable about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When the above section is completed, give the entire form to the COLLEAGUE for completion. The colleague must return completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SOCIAL WORK COLLEAGUE

Dear Colleague:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Children, Youth, and Family. The information that you provide on this form will help establish the applicant's eligibility for the Certified Advanced Children, Youth, and Family Social Worker Specialty Certification. Please review the form before completing. If you are unable to complete the form, or are unable to respond to any of the items, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

1. Ability to incorporate understanding of the NASW Code of Ethics in practice

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to use social work colleagues for peer consultation when appropriate

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Ability to treat colleagues with courtesy and respect

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skill in striving to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client

Minimal Ability Average Ability Excellent Ability

5. Ability to critically evaluate own practice as a child, youth, and family social worker

Minimal Ability Average Ability Excellent Ability

6. Demonstrates commitment to continuing professional development

Minimal Ability Average Ability Excellent Ability

7. Ability to work as part of a multidisciplinary team

Minimal Ability Average Ability Excellent Ability

8. Ability to promote client self-sufficiency and support client self-determination

Minimal Ability Average Ability Excellent Ability

9. Ability to advocate for clients and families

Minimal Ability Average Ability Excellent Ability

10. Demonstrates commitment to engage in ethnic/gender/age/faith-sensitive practice

Minimal Ability Average Ability Excellent Ability

11. Ability to establish and maintain appropriate boundaries with clients

Minimal Ability Average Ability Excellent Ability

INFORMATION ABOUT COLLEAGUE

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Information about your social work degree:

MSW year _____ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

Your current position/title: _____

How long have you known the applicant? _____ (years) _____ (months)

Name of applicant: _____

Do you/did you (circle one) work in the same setting as the applicant? YES NO

If NO, in what capacity or professional relationship do you know the applicant? _____

I hereby affirm to the applicant's competence as a children, youth, and family social worker and that the applicant has completed the employment described on the reverse side of this form. To the best of my knowledge and belief, the applicant's social work practice conforms to the NASW *Code of Ethics* and the NASW *Standards for Continuing Professional Education*. (*The applicant can make these standards available to you for review.*)

Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.

