



INDIANA YOUTH DEVELOPMENT CREDENTIAL SEASONED PROFESSIONAL APPLICATION FORM

In order to qualify for the Indiana Youth Development Credential via the “Seasoned Professional “ route the applicant must document:

- Minimum of eight years of direct work with school age young people
- Minimum of a BA/BS from an accredited institution of higher education
- Membership in a professional organization of their choice
- Adherence to the NAA code of ethics
- Certification of competence forms signed by two professional colleagues

Each application is examined by the IYD Credential Review Board, who determines eligibility and awards credentials quarterly. Initial credentials are awarded for a three year period, with subsequent renewals in 5 year increments.

PERSONAL INFORMATION

***Indicates Voluntary Information. Confidentiality is maintained on all information.**

Name _____

Home Address _____

City _____ State _____ Zip _____

County _____

Home Phone(_____) _____ Work Phone(_____) _____

Home e-mail _____

AGE: over age 18 over age 21 (answer required)
 21-25* 25-30* 30-39* 40-49* 50-59* 60-65* over 65*

GENDER*: Male Female

ETHNIC IDENTITY*: African American Asian Euro-American(Caucasian)
 Hispanic/Latino Native American Other _____

EMPLOYMENT INFORMATION

Place of Employment _____

Address _____ City _____

Zip _____ County _____ Work Phone _____

Work fax _____ Work e-mail _____

THE PROGRAM I WORK IN IS:

- ___ Camping program
- ___ Community club program
- ___ In-school
- ___ Parks & Recreation program
- ___ Other (Please Specify) _____
- ___ Residential care program
- ___ School-age care
- ___ Substance prevention
- ___ Youth program

PRESENT POSITION TITLE: _____

Number of years at present position _____ **Number of years in this program** _____

Number of years working with children/youth _____ (minimum of 8 required)

EDUCATION INFORMATION

Highest level of educational attainment:

- Other Credential _____ Yr. _____
- Bachelor's Degree, Year _____ Major: _____
- Advanced Degree, Year _____ Major: _____

PERSONAL ASSURANCES

I affirm that the above information is accurate to the best of my knowledge.
I understand that any personal information will not be released to any person or agency without my written permission.
I understand that the Indiana YouthPRO Association may use data from my application for statistical purposes, but that such uses will adhere to standards for confidentiality.
I agree to adhere to the National Afterschool Association Code of Ethics
(review them at www.naa.org)

Signed _____ Date _____

I am enclosing the following documentation:

- Proof of Professional Organization Membership
- Copy of resume/curriculum vita showing at least 8 years of direct youth work experience
- Copy of National Youth Worker Credential (no other documentation needed)*
- Copies of transcripts showing BA/BS from an accredited institution
- 2 Certification of competency forms signed by professional colleagues
- Certification of community based/continuing education
- Portfolio (optional)

I have enclosed a check made out to Indiana YouthPRO Association for the Credential fee
\$75 for IYP members \$150 for Non IYP members

Send this form, required documents and your application fee to:
Indiana YouthPRO Association
4755 Kingsway Drive, Suite 300
Indianapolis, Indiana 46205
317-259-9491

www.indianayouthpro.org e-mail info@indianayouthpro.org

Indiana YouthPRO Association is an equal opportunity/affirmative action non-profit organization