

#### **International Credential Evaluation Service**

3700 Willingdon Avenue, Burnaby, BC, Canada

F: 604.435.7033 W: www.bcit.ca/ices

# BC Ministry for Child and Family Development Post-Employment Child Protection Worker Training Program

#### **Evaluation Requirements**

The BC Ministry for Child and Family Development (MCFD) requires the following for all evaluations completed by the International Credential Evaluation Service (ICES) in order to meet the Post-Employment Child Protection Worker Training Program educational requirements.

These educational requirements may be fully or partially met with a degree in one of the following areas:

- Bachelor or master level degree in social work
- Bachelor level degree in child and youth care
- Master level degree in clinical psychology, with practicum in child and family services
- Master level degree in education counselling/psychology, with practicum in child and family services

#### 1. Evaluation Report Required

- a) The MCFD requires a Comprehensive Evaluation Report for all evaluations conducted by ICES. This can be ordered by completing the Credential Order Form section of the ICES Application Form. The cost of a Comprehensive Report is \$230.00 per credential. Detailed information about ICES fees, reports, and documents required as well as a copy of the ICES Application Package can be found at http://www.bcit.ca/ices.
- b) The MCDF Supplemental Report \$128 is required in addition to the Comprehensive Report. This is ordered by completing Section C of the ICES application form. In Section C please write "MCFD".

#### 2. Documents Required by ICES

a) Official Documents: The MCFD requires that ICES base its evaluation report on Official documents for each credential that you are paying to be evaluated. For documents to be considered official, they must be sent directly to ICES by the educational institutions you attended. The official documents must indicate the name of the credential, the courses or subjects studied, the grades earned, the hours of study or number of credits for each course, and the date of graduation. These documents may be called an academic record, transcript, detailed marks card, relevé de notes, examination report, extract, student's book, index, or other names, depending on the country from which it is issued. If required, we may ask for the original copies of your educational documents after your official documents arrive at our office.

If it is not possible to have an official copy of your academic record sent to ICES, you may submit original documents instead; however, you will also need to request an official letter sent by the institutions you attended to confirm the credentials you have completed. These official degree confirmation letters must be sent directly to ICES and signed by the Registrar (or similar authority) of the institutions you attended.

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ICES understands that it can be difficult and costly for some clients to arrange for official documents to be sent to our office. Official documents are required if you are planning to use your report for MCFD. ICES cannot waive this requirement.

- b) Program Confirmation Form: The attached Program Confirmation Form must be sent to the educational institution(s) you attended. The form must be completed and returned *directly to ICES by the educational institutions* along with an official transcript of your marks. International students who are unable to get official documents re-issued by your institution may submit original documents that are in your possession instead.
- c) Translations: All required documents written in a language other than French or English must be accompanied by an English translation completed by a certified translator. All translated documents must also be submitted with the original in the original language.

**Affiliated Colleges**: ICES only accepts educational documents from the institution that awards the credential. For that reason, ICES does not accept documents from affiliated colleges or institutes. ICES must see documents issued from the awarding institution.

#### 3. Number of Credentials

When you apply for a Comprehensive Report, you must indicate the number of credentials you wish to have evaluated. A 'credential' is one partially or fully completed educational program taken at one institution or school leading to a certificate, diploma or degree. Any coursework completed at two or more institutions and applied (or transferred) toward a credential is considered a separate credential. If you wish to have more than one credential evaluated, please include the additional fee with your ICES Application Form and make arrangements to have each institution send the necessary official documents directly to ICES.

## 4. Additional Copy of Report

All Clients receive two copies of the completed report. The first copy is always sent to you; the second copy of your report will be sent directly to the **MCFD** as long as this is indicated in **Section D** of the ICES Application Form. If you do not indicate where you want your second copy sent, it will be automatically sent to you. If you require more than two copies of your report, the fee is **\$20.00** per copy.

#### 5. Contact Information

If you have not already done so, please contact the MCFD to see if they require any additional information from you. They can be reached at:

BC Ministry for Child and Family Development PO Box 9770, Stn Prov Govt Victoria, BC V8W 9S5

Telephone: (250) 387-6121 & Toll Free: 1 (800) 663-7867 (Enquiry BC)

Website: <u>www.mcf.gov.bc.ca</u>

Email: MCF.CorrespondenceManagement@gov.bc.ca

Please contact ICES directly at icesinfo@bcit.ca if you have any questions about your ICES evaluation

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# **BC Ministry for Child and Family Development**

# **Program Confirmation Form**

**Note to Applicant:** Please send this form to your educational institution, with a covering letter which includes the following: a) your current full name, maiden name, and other names used b) your student number c) your date of graduation d) your full address and telephone number

To Registrar or Director of Educat	_	d for evaluation of his/he	r education :	for the nurn	ose of
employment or further training in determine how his/her education as an <b>official transcript</b> of his/her application. Thank you.	the field of Child Prote	ection in the Province of B requirements, we require	British Colum the complet	nbia, Canada tion of this f	. In order to orm, as well
	PART I – Certi	fication of Studies			
To be completed by the Registrar educational institution (along wit descriptions or details of the pract	h an official transcript	.). Additional documentat	tion, such as	detailed co	
This certifies that			was	admitted to	
(School)		(City)	Province/Sta	ate/Country)	
on the day of	, The ler	ngth of the program was _			
(day) (month	) (year)			(months,	/years)
He/she successfully completed the	<u> </u>		program on	,	
	(name c	of program)		(month)	(year)
and was issued a (full name & abbr	aviation of gradential		on _	/m a n t h \	(voor)
(ruii name & abbr	eviation of credential	eg. Bachelor of Social Wo	rk)	(month)	(year)
	PART II – (	Course Content			
Complete the appropriate Course	Content Details accord	ing to the closest match t	o this studer	nt's degree:	
Section A – degree in the area of Section B – degree in the area of Section C – graduate level degree Section D – graduate level degree	Child and Youth Care o in the area of Clinical F	r a related field Psychology with emphasis	•		

## PART III - Practicum

Complete one Practicum Section for each practicum completed as part of the above educational program.

welfare

# **Section A: Social Work or Related Degree**

Please list the courses that this student **successfully completed** and indicate all of the course(s) that covered the content in each of the following areas. **Course titles must correspond to the transcript issued by the institution for matching purposes.** 

Statistics Course(s):
Social Work Research Course(s):
Social Policy Course(s):
Policy Analysis Course(s):
The Practice of Social Work Course(s):
Interviewing Skills Course(s):
Theoretical Foundations of Social Work Course(s):

First Nations Issues (or issues related to the aboriginal peoples in the country where the degree was acquired)		
Course(s):		
	students engage in discussion and analysis of case studies that focus . During these seminars students are required to draw upon their ork and related disciplines.	
(Print) Name of Registrar or Director	Signature and Stamp of Registrar or Director	

### Section B: Child & Youth Care or Related Degree

Please list the courses that this student **successfully completed** and indicate all of the course(s) that covered the content in each of the following areas. **Course titles must correspond to the transcript issued by the institution for matching purposes.** 

Child & Youth Care Research Course(s):		
Developmental Psychology Course(s):		
Introductory Course(s) in Youth Care and Professi	onal Practice: Check which content is included	
overview of the field of professional practice	culturalism, feminist and normative development	
Professional Practice Course(s): Check which cont	rent is included	
application of theory into practice development of personal style awareness of own beliefs, ethics, and life posit		
(Print) Name of Registrar or Director	Signature and Stamp of Registrar or Director	

# Section C: Master's Degree in Clinical Psychology with Practicum in the area of Family or Child Welfare

Please list the courses that this student **successfully completed** and indicate all of the course(s) that covered the content in each of the following areas. **Course titles must correspond to the transcript issued by the institution for matching purposes.** 

Quantitative Analysis Course(s):		
Research Methods Course(s):		
Advanced Psychology Course(s): Check off which  professional ethical issues in clinical psychology clinical assessment applied behavioral analysis family interventions	n of the following areas are covered by these courses	
Life-Span Development Course(s): Check off white concepts and theories infancy and childhood adult development and aging adolescence	ich of the following areas are covered by these courses	
(Print) Name of Registrar or Director	Signature and Stamp of Registrar or Director	

# SECTION D: Master's Degree in Educational Counselling with Practicum in the area of Family or Child Welfare

Please list the courses that this student **successfully completed** and indicate all of the course(s) that covered the content in each of the following areas. **Course titles must correspond to the transcript issued by the institution for matching purposes.** 

Emphasis of the program:
counselling children (0-18 years old) community and agency counselling higher education counselling
Details:
Theoretical foundations and research course(s):
Counselling children (0-12 years of age): Check off which areas are covered by these courses
☐ theory ☐ practice
Counselling Adolescents (12-18 years of age): Check off which areas are covered by these courses
theory practice research
Counselling adults (19+ years of age): Check off which areas are covered by these courses  issues & problems in adult development
adult counselling interventions

Course(s) in gender and sex roles in counselling:	
theory research practice	
Course(s) in advanced family counselling:	
theoretical and therapeutic approaches emphasis on intervention critical research issues	
Course(s) in cross cultural consultation:	
<ul><li>critical analysis of cross-cultural counselling</li><li>theory</li><li>research</li><li>practice</li></ul>	
(Print) Name of Registrar or Director	Signature and Stamp of Registrar or Director

#### PART III - Practicum

Please provide details of each practicum completed by this student as part of their educational program. One copy per practicum, please.

Location of Practicum (name of employer/agency):		
<b>Duration</b> (in hours):		
Practicum Details: Did this practicum involve direct wo	ork with children and families?	
Yes	☐ No	
Practicum Supervision:		
supervised by a designated university field instructor the student day-to-day supervision of the student was provided agency supervision had at least 5 years of field experiments agency supervisor held at least the degree level being agency supervisor was a registered member in good	erience ing sought by the student	
Please check which criteria describe the practicum wo	rk environment:	
government legislated agency providing child prote	ection services to children and families with special needs	
mental health setting providing assessment and co	unselling services	
contracted agency providing assessment, counselling teaching parenting skills, designing and implement	ng or family support (these services include activities such as ting behavioural programs)	
hospital setting providing assessment and counselli	ing services to children, youth and their families	
residential setting for children or youth provided th	nat it also involves direct work with families	
Practicum Outcomes:		
direct observation of and direct clinical work with conservation of direct clinical work with children and		
Assessment of Practicum:		
practicum was graded with at least a passing grade practicum was not assessed for a grade		
(Print) Name of Registrar or Director	Signature and Stamp of Registrar or Director	