



REGISTRATION for INTERMEDIATE CERTIFICATION

Personal Information:

Name: _____

E-Mail: _____

Address: _____

Employment Information: Present

Employer/Agency _____

Address _____

Length of Employment – Year(s) _____ Month(s) _____ or Hours _____

Email _____

Past Employer/Agency if Applicable:

Employer/Agency _____

Length of Employment- Year(s) _____ Month(s) _____ or Hours _____

Email _____

Employer/Agency _____

Length of Employment-Year(s) _____ Month(s) _____ or Hours _____

Email _____

Education Information:

Name of High School_____

Grade Achieved_____

College/University_____

Diploma/degree_____

Other information regarding Education - please list only diploma or degree not workshops taken.

Child and Youth Care Association of Alberta Members Please Indicate

Full Membership _____ Student Membership_____

Date of Registration for Certification Month_____ Year_____

(If you are not a current member or registered to be certified please complete the membership and/or the registration process)

Focus Areas:

Group A (Choose TWO of the following)

- 1. Systemic Framework _____
- 2. Life Span Development_____
- 3. The Therapeutic Milieu _____
- 4. Program Development _____

Group C (Choose ONE of the following)
study both)

- 1. Individual Interventions_____
- 2. Child and Youth Care Work with Families_____
- 3. Group Interventions_____
- 4. Community Development_____
- 5. Mental Health Issues _____

Group B (Choose ONE of the

- 1. Basic Care_____
- 2. Relationship Development _____
- 3. Client Service Planning _____

Group D Oral Exam Only (Please

- 1. Professional Issues
- 2. Self-Care and Personal Development

Please indicate who will be supervising your intermediate exam:

Name of exam supervisor_____

Position_____

Email_____

Or Fax_____

Please give minimally 30 days' notice of exam date:

Date of Exam Month_____ Day_____ Year_____

Your Exam Supervisor will receive instructions regarding the supervision and return of the exam.

Please Complete the Endorsement of Supervisor and Agency Form

I, _____, attest that the above information is true and complete to the best of my knowledge. I understand that any misrepresentation could result in decertification

Candidates Signature_____

Date_____

Members can pay by PayPal available on the website <http://www.cycaa.com> or by Cheque CYCAA.

Fee \$135.00

Child and Youth Care Association of Alberta, #202 (B) 6715-76th Ave, Edmonton, Alberta T6B-0A9

ENDORSEMENT OF SUPERVISOR AND AGENCY

Candidate: _____ **Date:** _____

I recognize that the Certification Program is competency-based and that as such the supervisor plays the most significant role in preparing his/her staff for certification, in assessing the candidate's level of competency, and in determining if the applicant is ready for Certification.

In recognition of the above I hereby attest that:

1. I have assessed the candidate in relation to the areas of competency identified in the Certification Program.
2. I have assisted the candidate in the development and implementation of goals and activities to ensure that the competencies were met.
3. I am now able to endorse and support the candidate's Application for Certification knowing that the candidate can practically apply academic knowledge to the benefit of the children, youth and families.
4. I also confirm that the candidate has completed the required period of internship: has been employed by this agency for the past twelve (12) months, or has worked a minimum of 2080 hours.

Signature:

(Supervisor)

(Print in Full Name Here)

Signature:

(Agency Administrator)

(Print in Full Name Here)