



The Child and Youth Care Association of Alberta

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Email: cycaa@telus.net

DATE: _____

MAINTENANCE OF CERTIFICATION

Name: _____

Date: _____

Agency: _____

Length of Current Employment: _____

*Please list below any relevant professional development completed from March, 2015 to March 2017. A minimum of fifteen (15) eligible hours is required for maintenance of certification. The maintenance policy in your Certification Manual should be consulted for eligibility of hours.

Description	Date Completed	Hours Completed

(Attach additional pages if necessary)

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.

Signature: _____ **Date:** _____

ENDORSEMENT OF SUPERVISOR AND AGENCY FOR CERTIFICATION MAINTENANCE

RE: _____

Date: _____

“An integral part of the professional attitude lies in the formulation and retention of the theoretical framework and models that make-up the field’s certification knowledge. The individual’s continuing practice or “live” use of those models and frameworks is essential. As with all professional fields, the field of child care is constantly growing and refining its knowledge base through research and literature. **To maintain a “practising” standard, one must remain proficient and current in the techniques of the discipline.** Also, as with any profession, the onus is on the individual to demonstrate any initiatives taken to ensure an awareness of the current practices of one’s chosen field. Each practitioner is also expected to contribute to the well-being of the profession, to ensure its longevity and continued refinement by the contribution of fees and time.

In recognition of the above, I hereby attest that _____

- (a) Continues to be an employee of this agency, and
- (b) Continues to be proficient and current in the knowledge and techniques of the discipline and maintains the acceptable level of practice.

Signature:

(Supervisor)

(Print in Full Name)

Signature:

(Agency Administrator)

(Print in Full Name)

Please submit this form to the office.

Personal Information Protection

The information requested in this form is collected under the Personal Information Protection Act for Child and Youth Care Association of Alberta internal use only. No information contained in this form will be disclosed to any other individual, group, or agency as per the Confidentiality Policy of the Child and Youth Care Association of Alberta. Questions concerning this collection should be directed to cycaa@telus.net.