



Child and Youth Care Association of Alberta

255 Bonnie Doon Mall
Edmonton, Alberta T6C4E3
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Fax: (780) 428-3844
Email: cycaa@telus.net

APPLICATION FOR FULL CERTIFICATION

1. MEMBER INFORMATION:

PERSONAL INFORMATION:

Name: _____ Membership Date: _____

Registration for Certification Date: _____

Date of Intermediate Certification: _____

Phone Number: _____ Email: _____

Please indicate if above information has changed from Application for Intermediate Certification

Address (If changed, please incl. postal code):

EMPLOYER INFORMATION: (Complete only if changed from Application for Intermediate Certification)

Previous Employer Indicated on Membership Application:

Current Employer Name: _____

Phone Number: _____ Fax: _____

Total Number of Hours at Current Employer _____ Current Position: _____

EDUCATION INFORMATION: (Complete only if changed from Application for Intermediate Certification)

Completed Education: _____

Institution:

Graduation Date: _____

2. CANDIDATES CHOSEN FOCUS AREAS FOR FULL CERTIFICATION EXAMINATION

Please indicate the four focus areas in which you were examined for Intermediate Certification

Group A (TWO):

1. _____
2. _____

Group B (ONE):

1. _____

Group C (ONE):

1. _____

Group D (Oral Exam Only):

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

3. FULL CERTIFICATION EXAM INFORMATION

It is the responsibility of the exam candidate to contact the CYCAA office to arrange for the Full Certification Exam. Once indicated, candidate will be contacted by an Exam Coordinator to set an examination time

Please indicate your availability for the full (oral) exam. Please note that although this will be taken into consideration, and accommodated if possible, exam time may not be as requested:

Month: _____

Weekday/Weekend? _____

Daytime/Evenings? _____

4. CANDIDATES ACKNOWLEDGEMENT:

I, _____, attest that the information provided is true and complete to the best of my knowledge. I understand that misrepresentation could result in decertification by The Child and Youth Care Association of Alberta.

Candidate's Signature

Date

PLEASE ENSURE THAT YOU HAVE MET THE REQUIREMENTS FOR APPLICATION FOR FULL CERTIFICATION:

- Current Membership on file**
- Completed Registration for Certification on file**
- Endorsement of Supervisor and/or Agency for Certification Examination(s) on file**
- Intermediate Certification date on file**
- Examination Fee \$135.00 payment or receipt enclosed**

Fee Payable to CYCAA: Cheque, money order or Paypal @ www.cycaa.com

Please note that once Full Certification status has been achieved, a \$70 Certification Maintenance fee will be required. If applicable, the next year maintenance fees will be pro-rated as a result.

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.