



**Child and Youth Care Association of Alberta**

#202(B) - 6715 - 76 Ave

Edmonton, Alberta T6B 0A9

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Email: cycaa@telus.net Website: www.cycaa.com

**APPLICATION FOR INTERMEDIATE CERTIFICATION**

**1. MEMBER INFORMATION:**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Membership Date: \_\_\_\_\_

Registration for Certification Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please indicate if above information has changed from Registration for Certification**

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

**EMPLOYER INFORMATION: (Complete only if changed from Registration for 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 Registration for Certification)**

Completed Education: \_\_\_\_\_

Institution:  
\_\_\_\_\_

Graduation Date: \_\_\_\_\_

**2. CANDIDATES CHOSEN FOCUS AREAS FOR INTERMEDIATE CERTIFICATION EXAMINATION**

Please indicate (✓) the areas in which you will be examined (four total):

**FOCUS AREAS:**

**Group A (Choose TWO of the following):**

- 1. Systemic Framework \_\_\_\_\_
- 2. Life Span Development \_\_\_\_\_
- 3. The Therapeutic Milieu \_\_\_\_\_
- 4. Program Development \_\_\_\_\_

**Group B (Choose ONE of the following):**

- 1. Basic Care \_\_\_\_\_
- 2. Relationship Development \_\_\_\_\_
- 3. Client Service Planning \_\_\_\_\_

**Group C (Choose ONE of the following):**

- 1. Individual Interventions \_\_\_\_\_
- 2. Child and Youth Care Work with Families \_\_\_\_\_
- 3. Group Interventions \_\_\_\_\_
- 4. Community Development \_\_\_\_\_
- 5. Mental Health Issues \_\_\_\_\_

**Group D Oral Exam Only (Please study both):**

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

**3. INTERMEDIATE CERTIFICATION EXAM INFORMATION**

**It is the responsibility of the exam candidate to arrange for the exam to be supervised by a supervisor or Agency Administrator**

**Please indicate who will be supervising your intermediate exam:**

Name of exam supervisor \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

Phone/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.**

**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

**5. ENDORSEMENT OF SUPERVISOR AND/OR AGENCY FOR CERTIFICATION EXAMINATION(S)**

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:

- a. I have assessed the candidate in relation to the areas of competency identified in the Certification Program.
- b. I have assisted the candidate in the development and implementation of goals and activities to ensure that the competencies were met.
- c. I am now able to endorse and support the candidate's Application for Intermediate, and/or Full Certification. I am confident that the candidate can practically apply academic knowledge to the benefit of the children, youth and families.
- d. 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 of Supervisor Print Full Name Date

\_\_\_\_\_  
Signature of Agency Administrator Print Full Name Date

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

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

**Fee Payable to CYCAA: Cheque, money order or Paypal @ [www.cycaa.com](http://www.cycaa.com)**

**Upon receipt and confirmation of information provided, you will be contacted with instructions to proceed with Certification Process**