



Child and Youth Care Association of Alberta

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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 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 B (Choose ONE of the following):

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

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

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

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.