



Child and Youth Care Association of Alberta

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

REGISTRATION FOR CERTIFICATION

1. MEMBER INFORMATION:

PERSONAL INFORMATION:

Name: _____ Membership Date: _____

Phone Number: _____ Email: _____

Please indicate if above information has changed from Membership Application

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

EMPLOYER INFORMATION: (Complete only if changed from Membership Application)

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 Membership Application)

Completed Education: _____

Institution:

Graduation Date: _____

PREVIOUS CHILD AND YOUTH CARE EXPERIENCE (Please list employer, position, and date of employment)

2. 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

3. ENDORSEMENT OF SUPERVISOR AND/OR AGENCY

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 Certification knowing 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 REGISTRATION FOR CERTIFICATION:

- Current Membership on file**
- Completed and Signed Registration Form enclosed**
- CYC Education only, copy of Diploma of Degree enclosed**
- Endorsement of Supervisor and/or Agency enclosed**
- Registration Fee \$90.00 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