



**Child and Youth Care Association of Alberta**

#202(B) - 6715 - 76 Ave

Edmonton, Alberta T6B 0A9

Phone: (780) 448-7254 Fax: (780) 448-9159

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

**REGISTRATION FOR RE-CERTIFICATION**

(For members who are applying to have lapsed Full Certification re-issued – TIME LIMITED)

**1. MEMBER INFORMATION:**

**PERSONAL INFORMATION:**

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

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

Date of Initial Full Certification: \_\_\_\_\_

Reason for Lapse of Membership and/or Certification:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER INFORMATION:**

**Current Employer Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Total # of Hours (or years) at Current Employer \_\_\_\_\_ Current Position: \_\_\_\_\_

Please list Previous Employment since de-certification (include Name of Employer, Position and Length of Service): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**3. 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

**4. 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 Re-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 RE-CERTIFICATION:**

- Current Membership on file**
- Copy of lapsed Certification Certificate (if possible)**
- Completed and Signed Registration for Re-Certification 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**
- Certification Maintenance Fee \$70 payment or receipt enclosed**

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