



## REGISTRATION FOR CERTIFICATION FORM

### Personal Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (fax) \_\_\_\_\_ (e-mail)

Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code)

### Employment Information:

Current Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employer Phone & Fax: \_\_\_\_\_

Total Number of Hours at Current Agency: \_\_\_\_\_ Current Position: \_\_\_\_\_

### Past Child Care Experience: (list employer, position, date of employment)

---

---

---

---

### Educational Information: (List education achieved, name of program and institution.)

---

---

---

---

---

**1. A current C.Y.C.A.A. Membership (\$100) is required by all applicants as well as submitting the following:**

**2. If you do not have a Degree or Diploma in Child and Youth Care:**

- Completed and Signed Application Form
- \$90.00 Registration Fee (cheques payable to C.Y.C.A.A. or via the web PayPal is available <http://www.cycaa.com> membership-membership renewal tab)
- Copy of Degree or Diploma (if applicable)

**3. If you have a degree or diploma in Child and Youth Care:**

- Completed and signed Application Form
- \$90.00 Registration Fee (Cheques payable to C.Y.C.A.A or via the web PayPal is available <http://www.cycaa.com> under membership tab membership renewal.
- Copy of Degree or Diploma

**Send cheque and forms to: Child and Youth Care Association of Alberta**

**#202(B) - 6715 - 76 Ave  
Edmonton, Alberta  
T6B 0A9**

Upon receipt and confirmation of information provided, you will be emailed instructions for certification.

Once certified there will be a \$70.00 certification fee.

Please complete the signature page

**Candidate's Acknowledgement:**

*I, \_\_\_\_\_, attest that the above information is true and complete to the best of my knowledge I understand that any misrepresentation could result in decertification.*

---

(Candidate's Signature)

(Date)

## ENDORSEMENT OF SUPERVISOR AND AGENCY

**Candidate:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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:

1. I have assessed the candidate in relation to the areas of competency identified in the Certification Program.
2. I have assisted the candidate in the development and implementation of goals and activities to ensure that the competencies were met.
3. 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.
4. 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:

---

(Supervisor) (Print in Full Name Here)

Signature:

---

(Agency Administrator) (Print in Full Name Here)