



## REGISTRATION for FULL CERTIFICATION

### Personal Information

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

E-Mail: \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Employment Information if there are any changes since your Intermediate information:- Present

New Employer/Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Length of Employment – Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ or Hours \_\_\_\_\_

Email \_\_\_\_\_

### Past Employer/Agency if Applicable only if there has been a change from your intermediate information

Employer/Agency \_\_\_\_\_

Length of Employment- Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ or Hours \_\_\_\_\_

Email \_\_\_\_\_

Employer/Agency \_\_\_\_\_

Length of Employment-Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ or Hours \_\_\_\_\_

Email \_\_\_\_\_

**Education Information if there have been changes since your Intermediate application**

Name of High School\_\_\_\_\_

Grade Achieved\_\_\_\_\_

College/University\_\_\_\_\_

Diploma/degree\_\_\_\_\_

Other information regarding Education please list only diploma or degree not workshops taken.

Child and Youth Care Association of Alberta Membership Please Indicate

Full Membership \_\_\_\_\_ Student Membership\_\_\_\_\_

Date of Registration for Certification Month\_\_\_\_\_ Year\_\_\_\_\_

Date Passed Intermediate Exam Month\_\_\_\_\_ Year\_\_\_\_\_

(If you are not a current member or registered to be certified please complete the membership and/or the registration process)

**Please give 30 days' notice of exam date:**

Dates available for Exam Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_ Time \_\_\_\_\_

Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_ Time \_\_\_\_\_

Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_ Time \_\_\_\_\_

Exams are arranged according to availability but every effort will be made to accommodate all requests. Full Examination include- Your chosen focus areas, Professionalism and Self Care.

*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*

Candidates Signature\_\_\_\_\_

Date\_\_\_\_\_

Mail or Fax to Child and Youth Care Association of Alberta, #202(B) 6715-76<sup>th</sup> Ave, Edmonton Alberta T6B-0A9 or Fax (780)448-9159

**Members can pay by PayPal or cheque (payable to CYCAA) \$135.00**

