



**Child and Youth Care Association of Alberta**

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**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)**

**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](mailto:cycaa@telus.net).