

ENDORSEMENT OF SUPERVISOR Registration for Certification

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:

- 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 2000 hours.

Signature of Supervisor: _____

Print Full Name: _____

Date: _____

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 info@cycaa.com .