



Child and Youth Care Association of Alberta
#204 - 12013 - 76 Street
Edmonton, Alberta T5B 2C9
(780)448-7254 (780)448-9159 fax
cycaa@telus.net www.cycaa.com

APPLICATION FOR REGISTRATION FOR CERTIFICATION

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, date completed, G.P.A.)

A current CYCAA Membership is required as well as submitting the following:

- **Completed and Signed Application Form**
- **\$90.00 Registration Fee (cheques payable to CYCAA)**
- **Copy of Degree or Diploma (if applicable)**

**Send cheque and forms to: Child and Youth Care Association of Alberta
#204 - 12013 - 76 Street
Edmonton, Alberta
T5B 2C9**

Upon receipt and confirmation of information provided, you will be sent a Registered Member's card and your Certification Manual to help you proceed with your certification efforts.

Supervisory Support: (To be completed by applicant's supervisor)

I am aware of and support _____ intent to pursue full certification
(Applicant's Name)

I also confirm applicant has been employed by this agency as a Child and Youth Care Worker for the past six (6) months, or has worked a minimum of 1040 hours.

(Name) (Position) (Agency) (Print)

(Signature of Supervisor)

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)