



APPLICATION FOR CERTIFICATION OF CHILD CARE PROFESSIONALS

APPLICANT INFORMATION

Name: _____

Mailing Address: _____ Postal Code: _____

Name of Child Care Program Where Employed: _____

Work Telephone No: _____ Home Telephone No: _____

REQUEST FOR CERTIFICATION

Current Child Care Worker Level (if applicable) _____

Level being applied for: _____ Is this for re-certification? _____

PROGRAMS OR COURSES COMPLETED

Please attach an official transcript of training.

Signature of Applicant

Date of Application

Please send completed applications to:

Child Care Services Unit, H-12
Yukon Territorial Government
Box 2703, Whitehorse, Yukon Y1A 2C6

or drop by 9010 Quartz Road