

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
STAFF CERTIFICATION APPLICATION FORM

Name: (Last) _____ (First) _____ (Middle) _____

Mailing Address: _____

_____ Postal Code: _____

Telephone: (Home) _____

If official documentation regarding your post-secondary training will refer to you by any other name than the one noted above (e.g., last name), please indicate that name: _____

Please indicate which certificate you are applying for:

1. **TYPE I FACILITY:**

- _____ Early Childhood Supervisor
- _____ Early Childhood Program Staff

2. **TYPE II FACILITY:**

- _____ Day Care Home Supervisor
- _____ Day Care Home Program Staff
- _____ Occasional Centre Supervisor
- _____ Occasional Centre Staff
- _____ School Age Child Care Supervisor
- _____ School Age Child Care Staff

PART I -- POST-SECONDARY TRAINING

The Child Care Facilities Board requires verification of post-secondary training. According to Board policy, only official school documents will be accepted.

In order to arrange for an official copy, you should contact your college/university/training institution and request that a copy of your transcript/diploma be forwarded to:

Child Care Facilities Board
Dept. of Health & Social Services
16 Garfield Street, P.O. Box 2000
Charlottetown, PE
C1A 7N8

NAME: _____

Please complete all relevant sections:

1. UNIVERSITY:
Degree Programs:

Name of University	Address	Field of Study	Type of Degree	Year Degree Earned

2. COMMUNITY COLLEGE:
Completed Programs:

Name of College	Address	Name of Program	Length of Program	Year Completed

3. OTHER TRAINING INSTITUTES, CORRESPONDENCE STUDY, ETC...:
Completed Programs:

Name of Institute	Address	Name of Program	Length of Program	Year Completed

4. Have you completed any other post-secondary training that you feel would be relevant for the Child Care Facilities Board to consider in assessing your application? If so, please describe:

5. Do you have any comments or additional statements relating to any of the information given in Part I which you feel would be useful for the Board to consider in assessing your application?

PART II -- WORK EXPERIENCE

The Child Care Facilities Board will consider work experience in licensed child care facilities **only** as relevant for the purposes of staff certification. In determining work experience, the Board will consider **800 hours** to be the equivalent of one year's experience.

In order to verify work experience, please arrange for your supervisor/employer to send a letter directly to the Child Care Facilities board stating the position, hours per week and dates of employment.

If you were self-employed in a licensed centre, the Child Care Facilities Board will be able to verify your work experience. If you were self-employed in a licensed centre in another province/state, please have the appropriate licensing office verify your work experience.

1. **WORK EXPERIENCE (List Most Recent Experience First) :**

Name of Centre/Address/Telephone	Position Held	Hours/Week	Dates of Employment From/To	Supervisor

NAME: _____

2. Do you have any additional comments relating to the information given in Part II which you feel would be useful for Board to consider in assessing your application?

PART III -- LETTERS OF REFERENCE

Applicants for certificates for **Type II Facilities** are required to provide two supporting personal letters of reference.

You may either attach your letters of reference to this application or have them forwarded directly to the Child Care Facilities Board at the address below.

Please ask each person giving a reference to include a return address and telephone number.

Once this application is completed (with the applicant's name on each page), please return it to:

**Child Care Facilities Board
Dept. of Health & Social Services
16 Garfield Street, P.O. Box 2000
Charlottetown, PE
C1A 7N8**