

Ministry of Children and Family Development

| OFFICE | USE | ONLY |
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| <br>   |     |      |

DATE RECEIVED

## APPLICATION FOR REGISTRATION AND RENEWAL AS AN EARLY CHILDHOOD EDUCATOR, INFANT TODDLER EDUCATOR OR SPECIAL NEEDS EDUCATOR

All personal information is collected under the authority of the Community Care and Assisted Living Act, Section 9, and will be used to determine if applicants have the training, experience and other qualifications required by the regulations. Personal information will be used and disclosed in accordance with the privacy protection provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use and disclosure of this information, contact the Early Childhood Educator Registry, Ministry of Children and Family Development, PO Box 9965 STN PROV GOVT, Victoria BC V8W 9R4. Telephone: 1 888 338-6622 or 250 356-6285, Fax: 250 387-2997.

| Please print clearly  |   |  |
|---|---|--|
| LAST NAME   | FIRST NAME  | MIDDLE INITIAL   |
| PREVIOUS NAME(S) (if applicable)  | ·   | us name, we require proof of name change.<br>Certificate, Change of Name Certificate, etc. |
| MAILING Street ADDRESS:   | City  | Postal Code  |
| Home Work   | ECE REGISTRATION NUMBER (If applying                | ng for Renewal, ITE or SNE)  |
| PHONE: ( ) ( )  |   |  |
| Refer to the <i>The Early Childhood Educator in British Columbia, "A Guide to Re</i> requirements. Available at http://www.mcf.gov.bc.ca/childcare/educators.htm  | gistration and Renewal Procedures" bookle           | et for details and explanation of  |
| CERTIFICATE APPLICATION   |   |  |
| INDICATE WHICH CATEGORY YOU ARE APPLYING FOR AND THE DOCUM  | ENTATION YOU HAVE ATTACHED:                         |  |
| CATEGORIES  |   |  |
|   | t and Toddler Educator (ITE)                        | ecial Needs Educator (SNE)   |
| DOCUMENTATION   |   |  |
| <ul><li>☐ In-Province (Official Transcript, photocopies NOT accepted)</li><li>☐ Out-of-Province (ICES Report, Prior Learning Assessment or Academ</li></ul>   | uic Assessment Letter)                              |  |
| FOR FIRST TIME ECE APPLICANTS ONLY  |   |  |
| Copy of current acceptable First Aid certificate.   |   |  |
| A letter(s) of recommendation documenting 500 hours of satisfactory of Number of hours worked Start date of work experience Supervising ECE's certificate registration number Recommendation for certification from the supervising ECE Attestation of the applicant's good character   |   | ed, signed and include:  |
| Facility license number and type of service provided (i.e., preschool   | ກ, daycare)<br>———————————————————————————————————— |  |
| RENEWAL APPLICATION INDICATE THE DOCUMENTATION YOU HAVE ATTACHED:   |   |  |
| <ul> <li>Documentation of 300 hours of satisfactory work experience in the field by a co-worker, parent or ECE professional and must include:         <ul> <li>Number of hours worked</li> <li>Start date of hours worked</li> <li>Attestation of the suitability and good character</li> </ul> </li> </ul>   | ld of early childhood education. This letter        | MUST be dated, signed, may be written  |
| Proof of Professional Development. Professional Development must be OR completion of a post-secondary institution course relating to early Acceptable documentation (receipt, certificate or letter from sponsor) • Name of ECE related seminar, workshop, conference or courses • Name of participant • Date of attendance • Number of hours of attendance | childhood education.                                | r conferences lasting a total of 12 hours  |
| Description of extraordinary circumstances if certificate has expired.  |   |  |
| I declare that the information submitted is correct and complete. I authorize the ECE Registry to verify any information contained in this application.   | TURE OF APPLICANT                                   | DATE SIGNED  |
| OFFICE HOF ONLY   | MAIL APPLICATION TO:                                |  |
| OFFICE USE ONLY Application complete: Yes No  | Early Childhood Educator Pogistry                   |  |

Ministry of Children and Family Development PO Box 9965, STN PROV GOVT

Victoria BC V8W 9R4

Infant/Toddler Educator

Early Childhood Educator Special Needs Educator

Telephone: 1 888 338-6622 or 250 356-6285, Fax: 250 387-2997

Approved for:

Assessment Letter