

CHILD CARE SERVICES CERTIFICATION

INITIAL APPLICATION

ASSOCIATION OF EARLY CHILDHOOD EDUCATORS NEWFOUNDLAND & LABRADOR

Mail: P. O. Box 8657, St. John's, NL A1B 3T1

Telephone: (709)579-3004 Toll free: (866)579-3004

Office Location/Courier: 50 Pippy Pl., Unit 19, St. John's, NL

E-mail: aecenl@nfld.net Website: www.aecenl.ca

Photocopied applications and applications received by fax or e-mail will not be processed.

Complete **BOTH** sides and all sections of the application and attach all required documentation.

Incomplete and/or unsigned application packages will be returned to you and may delay the effective date of your certification.

Individuals holding a NL CCS Certification number (for any classification) please use **Renewal &/or Reissue Application form**.

Don't send orientation course registration fee with this application. If an orientation course is required as a result of your assessment you will be sent registration information after your initial application has been assessed!

Non-Canadian Credential Documentation: It is required that you send a credential assessment (comparing your studies to studies done in one of Canada's education systems) from World Education Services (<http://www.wes.org/ca/>) with your post-secondary documentation. Program and course descriptions, and contact information for the post-secondary institution are required to facilitate assessment. If documentation is in a language other than English an official translation is required. AECENL will then determine applicability to Early Childhood Education requirements in our Province.

SECTION A: APPLICANT - What type(s) of certification are you seeking?

If no classification(s) is/are checked preschool will be assumed.

- PRESCHOOL** (ages 2-school-entry/group setting) **SCHOOL-AGE** (ages school-entry -12/group setting)
 INFANT (ages birth-24 months/group setting) **FAMILY CHILD CARE** (ages birth-12/home setting)

Name:	_____	_____	_____
	First Name	Middle Initial	Last Name
Mailing Address:	_____		
	Street or P.O. Box		
	_____	_____	_____
	City/Town	Province	Postal Code
Telephone:	_____ (evening/weekend)	_____ (daytime)	_____ (cell)
Email address:	_____		
	(Note: Your e-mail address will not be shared with outside agencies without your permission)		
Date of Birth:	____/____/____		
	MM	DD	YYYY

This Section - Office Use Only		
AIT <input type="checkbox"/> FCR <input type="checkbox"/>	Requires O/C? <input type="checkbox"/> PS <input type="checkbox"/> SA <input type="checkbox"/> I <input type="checkbox"/> F	
	Exemptions? _____	
Certificate # _____	Level(s): _____	Classification(s): _____
Effective Date: _____	Valid until: _____	
Assessment Letter <input type="checkbox"/> sent: _____	Certificate <input type="checkbox"/> sent: _____	
Comment: _____		
Region: <input type="checkbox"/> Metro <input type="checkbox"/> Central East <input type="checkbox"/> Western <input type="checkbox"/> Labrador <input type="checkbox"/> N/A		

SECTION B: NL Child Care Services Certification Application based on:

Note: Documentation for section B *must* be attached to this application. Photocopies or faxed copies are usually acceptable. You may be asked to produce originals or notarized photocopies.

- Provincial/Territorial Agreement on Internal Trade/Mobility**
 (Attach copy of current/valid ECE or Child Care Services certification/registration from another Province or Territory - you are not required to check off or supply documentation for other sections below)

_____ **OR (check any that apply):** _____

- COMPLETED Degree/Diploma/Certificate Programs (post-secondary)**
 (Attach photocopies of documents. Documentation includes copies of certificates/diplomas/degrees and/or official transcripts of course work that indicate graduation from the programme.)

NAME OF DEGREE, DIPLOMA, CERTIFICATE HELD	NAME OF POST-SECONDARY INSTITUTION	PROVINCE &/OR COUNTRY	YEAR COMPLETED

- Individual Post-Secondary Courses Related to Early Childhood Education**
 Attach copies of transcripts. Course descriptions may be required.

NAME OF POST-SECONDARY INSTITUTION	PROVINCE &/OR COUNTRY	YEAR COMPLETED

- Completed Orientation Course or approved equivalent (non-post-secondary)**
 - Attach a copy of completion.

- None of the above** - no documentation required

SECTION C: ALL APPLICANTS MUST READ, SIGN AND COMPLETE THE FOLLOWING SECTION:

My signature below indicates that:

- the information contained in this application for certification is true and complete to the best of my knowledge;
- I understand that information submitted may be verified with granting organizations and that falsification of information or documentation will result in the cancellation of my certification;
- I understand that the status of my certification may be shared with Child Care Services Licensing personnel in the course of their work;
- if an e-mail address has been supplied with this application general information regarding issues related to certification may be sent using this format - my e-mail address will not be shared with other agencies without my prior express consent.

Signed: _____ Date: _____

***Note:** Only one certificate will be issued - frame size and frame size laminated charge is to cover additional materials, postage and handling charges. Check the appropriate box below and if applicable enclose a cheque or money order payable to AECENL (if no box is checked, or appropriate payment is not included, the file size certificate will be sent).

- 8.5" x 4" (file size).....free of charge
 11" x 8.5" (frame size).....\$3.00
 11" x 8.5" (frame size - laminated).....\$5.00