

APPLICATION FOR CERTIFICATION FOR REGULATED CHILD CARE SUMMER EMPLOYMENT POST-SECONDARY STUDENTS

Association of Early Childhood Educators of Newfoundland and Labrador

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*Applications received by fax or email will **not** be processed – please send application forms by mail or drop off by hand.
Don't use this application if you already have a certification number (for any classification).*

Section A: Applicant:

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: _____	Date of Birth: ____/____/____ (m/d/y)	

Section B: Post-Secondary Information:

- **Non-ECE Students:** Attach documentation of post-secondary status (ex. Transcript, acceptance letter, College/University ID – photocopies acceptable).
- **ECE full time students:** Attach copy of transcript (internet transcript acceptable) of all coursework completed to date for exemption to the 2-day course – no other documentation necessary.

Name of Educational Institution: _____

Name of Program: _____ Expected Graduation Date: _____

Section C: All Applicants must Sign and Complete the Following Section:

My signature below indicates that:

- I am 18 years of age (or will be 18 years of age before employment begins);
- I understand that completion of full 2-day course (or exemption as ECE student) or obligatory online course is required to receive Short-Term Entry Level Certification and that any certification issued is non-renewable and non-transferable to orientation courses completed at a later date
- 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;
- I understand that 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: _____

If you wish to give permission for the Registrar to discuss your certification status with your employer/potential employer please initial here: _____

This Section – AECENL Office Use Only

- ECE Student Exemption or
 Attended/Completed full course and met all requirements: Yes No Facilitator Initials: _____
- Certificate # P17- _____ Valid from _____ to September 8th 2017
- Certificate send: _____