



For faster processing of your application please review the checklist below for required documentation and forms.

REISSUE APPLICATION

- 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.
- Only original application forms will be accepted. Applications can be submitted by mail, courier, or in person, there is no afterhours drop box. Photocopied applications and applications received by fax or email will **NOT** be processed.
- Individuals who do not hold a NL Child Care Services Certification (for any classification) refer to the Initial application.
- Attach a fee for a nonstandard sized certificate unless you would like a certificate of standard size then no fee is required.
- Non-Canadian Credential Documentation:**
 - If applicant has received education from outside of Canada. Specified documentation is only required if you want it assessed.
 - An official education assessment is required from a recognized educational assessment service such as World Education Services (WES) www.wes.org/ca/
 - An official document from the post-secondary institution that includes program information, course descriptions, course and practicum hours
 - If documentation is in a language other than English an official translation is required

In addition to your application you may need to supply additional information:

If your name is different from the name on your transcript or other documentation you will need to submit proof of name change.

Provide a photocopy of one of the following legal documents:

- Marriage certificate
- Driver's License
- Passport
- Birth Certificate
- Divorce Decree
- Legal Name Change Certificate

SUBMISSION INFORMATION

MAIL: Association of Early Childhood Educators
P.O. Box 8657, St. John's, NL A1B 3T1

DROPOFF & COURIER: 50 Pippy Place, Unit 19
St. John's, NL A1B 4H7
(left side of building, in the back)
Do not mail items to this address

FOR INQUIRIES: TELEPHONE: Toll Free (866) 579-3004
FAX: Toll Free (877) 579-0217
EMAIL: registrar@aecenl.ca
WEBSITE: www.aecenl.ca



If you do not already hold certification please refer to the Initial application. This application applies to only those applicants who have received their **NL Child Care Services Certification** and are seeking a reissue.

SECTION A CHILD CARE SERVICES CERTIFICATION HELD

Certificate # _____ Valid Until: _____

SECTION B APPLICANT INFORMATION

Name: _____
Legal First Name Middle Name Legal Last Name

Mailing Address: _____
Street or P.O. Box

City/Town Province Postal Code

Telephone: _____
Daytime Contact Number Alternative Contact Number Cell Number

Email Address: _____
(Note: Your email address will not be shared with outside agencies without your permission.)

Date of Birth: _____ / _____ / _____
MM DD YYYY

SECTION C CERTIFICATE SIZE

Note: Only **one** certificate will be issued – frame size and frame size laminated fee 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 included, the file size certificate will be sent).

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

This Section - Office Use Only

Region: Metro Central East Western Labrador N/A

Reissue: Approved Not Approved

Certificate # _____ Level(s): _____ Classification(s): _____

Effective Date: _____ Valid until: _____

Status Letter or Certificate sent: _____ AIT Refresher _____ months

Notes: _____

Originals verified, photocopied and returned in SASE as requested – Date: _____ Initial: _____ (AECENL)
Box checked for return – no SASE included – certificates shredded – Date: _____ Initial: _____ (AECENL)



SECTION D REASON FOR APPLICATION – (Check all that apply and complete the section(s) indicated)

- Name change on original certificate (*complete Section E*)
 A change of Level and/or Classification (*complete Section F*)

SECTION E NAME CHANGE ON THE ORIGINAL CERTIFICATES

I am requesting a reissue of my certification due to changing my name and I am attaching one of the following forms of documentation:

- a photocopy of marriage certificate ➤ certificate of divorce ➤ photocopy of a current legal photo ID
 ➤ change of name certificate ➤ birth certificate (ex. driving license) that bares new name

My current name on child care services certification: _____

My new legal name: _____

SECTION F CHANGE OF LEVEL AND/OR CLASSIFICATION: (check all that apply)

Attach copies of documentation showing completion of post-secondary programs (orientation courses/courses/certificates/diplomas/degrees) completed since certification was issued. You may be asked for originals or notarized photocopies. **DO NOT** include any program here that was included in your Initial application for certification.

- 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.

SECTION G DECLARATION

NOTE: Applicants must read, sign and complete the following section.

- the information contained in this application for certification is true and completed 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: _____

SECTION H SUBMISSION INFORMATION

MAIL: Association of Early Childhood Educators NL
 P.O. Box 8657, St. John's, NL A1B 3T1

LOCATION & COURIER: 50 Pippy Place, Unit 19
 St. John's, NL A1B 4H7
 (left side of building, in the back)
Do not mail items to this address

FOR INQUIRIES: Telephone: Toll-Free (866) 579-3004
 Email: registrar@aecenl.ca
 Website: www.aecenl.ca