



This application applies only to those applicants who hold **NL Child Care Services Certification** and are looking to renew.

## SECTION A CHILD CARE SERVICES CERTIFICATION HELD

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Certificate # \_\_\_\_\_ Valid Until: \_\_\_\_\_

## SECTION B APPLICANT INFORMATION

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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

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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

Renewal:  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)





I am renewing my centre-based trainee level or family home trainee level upgrading to infant child care services certification with required early childhood education courses.

Please attach the original transcript or a grade report of successful completion of a minimum 2 ECE courses.

| NAME OF COURSE | NAME OF SPONSORING EDUCATIONAL INSTITUTION | DATE COMPLETED | OFFICE USE |
|----------------|--|----------------|------------|
|                |  |                |            |
|                |  |                |            |

I am renewing my centre-based trainee level or family home trainee level upgrading to infant child care services certification with the following required documentation:

- an original acceptance letter on official letterhead from a recognized post-secondary institution which indicates individuals acceptance into an early childhood education program.
- an original letter from a recognized post-secondary institution that indicates courses from an early childhood education program that you have been accepted are not available **and**
- original documentation of all listed professional learning (PL)

**LISTING OF PROFESSIONAL LEARNING HOURS**

| NAME OF WORKSHOP/CONFERENCE/COURSE                         | NAME OF SPONSORING GROUP/PRESENTER/INSTRUCTOR/EDUCATIONAL INSTITUTION | DATE COMPLETED | # HOURS            | OFFICE USE |
|--|---|----------------|--------------------|------------|
|  |   |                |                    |            |
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|  |   |                |                    |            |
| Original documentation needs to accompany the application. |   |                | <b>TOTAL HOURS</b> |            |

**NOTE:** Check this box if you wish to have your original PL certificates returned – enclose a self-addressed envelope with sufficient postage. If this option is not chosen your originals are not kept on file – they are shredded and recycled after your renewal has been processed.

**SECTION E DECLARATION**

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

- 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: \_\_\_\_\_

**SECTION F 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: (1-866 Toll-Free) 579-3004  
Email: [registrar@aecenl.ca](mailto:registrar@aecenl.ca)  
Website: [www.aecenl.ca](http://www.aecenl.ca)