

# CHILD CARE SERVICES CERTIFICATION

# RENEWAL &/OR REISSUE APPLICATION

## ASSOCIATION OF EARLY CHILDHOOD EDUCATORS NEWFOUNDLAND & LABRADOR

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Photocopied applications and applications received by fax or e-mail will **not** be processed – please send signed original application forms by mail or drop off by hand.

Complete **BOTH** sides and **all** sections of the application that apply 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.

**This application form is for those who already have a certification number.** Complete an "Initial" application form if you have never received certification instead of this one.

### **SECTION A: APPLICANT**

ECE CERTIFICATION HELD: Certificate # \_\_\_\_\_ Valid until: \_\_\_\_\_  
 Level IV **or** Classification(s) held:  Preschool - Level: \_\_\_\_\_  School-Age - Level: \_\_\_\_\_  
 Infant - Level: \_\_\_\_\_  Family - Level: \_\_\_\_\_

Name: _____		
First Name	Middle Initial	Last Name
<b><u>Mailing Address:</u></b> _____		
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: ____/____/____ Region: <input type="checkbox"/> Metro <input type="checkbox"/> Central East <input type="checkbox"/> Western <input type="checkbox"/> Labrador <input type="checkbox"/> N/A		
M	D	Y

### **SECTION B - Reason for Application (check all that apply and complete the section(s) indicated):**

- A name change: Name on Original Certificate: \_\_\_\_\_
- An address change: Previous Address: \_\_\_\_\_
- A change of Level (**complete Part C**)
- A change of Classification (**complete Part C**)
- Renewal of Certification (**complete Part D**)

### **SECTION C - Change of Level or Classification:**

Include post-secondary programs (orientation courses/courses/certificates/ diplomas/ degrees) **completed since** certification was issued. **Attach copies of documentation of completion! Do not include any program here that was included in your original application** for Certification - which information is on file and has been assessed already. You may be asked for originals or notarized photocopies.

NAME OF COMPLETED DEGREE/DIPLOMA/CERTIFICATE	EDUCATIONAL INSTITUTION	LOCATION	YEAR
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<p><b>This Section - Office Use Only</b></p> <p><input type="checkbox"/> Renewal <input type="checkbox"/> Approved / <input type="checkbox"/> Not Approved</p> <p>Certificate # _____ Level(s): _____ Classification(s): _____</p> <p>Effective Date: _____ Valid until: _____</p> <p>Status Letter or Certificate sent: _____ <input type="checkbox"/> AIT <input type="checkbox"/> Refresher _____ month</p>	<p>NOTES: _____</p> <p><input type="checkbox"/> Reissue <input type="checkbox"/> Approved / <input type="checkbox"/> Not Approved</p>	<div style="border: 2px solid blue; height: 100px; width: 100%;"></div>
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**SECTION D - Renewals:** You *must* list and send **originals** of documentation for **all** required hours of professional development for renewal. You are responsible for keeping photocopies of these certificates until you receive your renewal certificate from AECENL. Failure to produce documentation if requested may result in cancellation of the certification held by the applicant. **Hours cannot be carried forward to or used again on subsequent renewals.** Professional development includes any conferences, workshops, orientation courses and post-secondary courses completed. Please include in your description the name and address of the educational institute/workshop sponsor, the name of the post-secondary programs, workshops, conferences or courses and the dates completed.

Check this box if you wish to have your original PD certificates returned - enclose a **self-addressed stamped envelope with sufficient postage for the return. If this option is not chosen the originals are not filed - they are shredded and recycled after renewal has been processed.**

**Note:** If you have completed a diploma/certificate/course that you feel changes your level or classification of certification, complete Section C in addition to this section.

Name of workshop/conference/course	Name of sponsoring group/presenter/instructor/educational institution	Date completed	# hours	Office Use
<b>Total Hours</b>				

**SECTION E: ALL APPLICANTS MUST SIGN AND DATE THE FOLLOWING STATEMENT:**

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. There is no charge for the file size certificate (size is approximately 8.5" x 4"). If you prefer an 11" x 8.5" size there is a charge of \$3 (un-laminated) or \$5 (laminated) to cover the additional cost of production, postage and handling. Check one 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

**OFFICE USE ONLY:**  
 Originals verified, photocopied and returned in SASE as requested - Date: \_\_\_\_\_ Initial: \_\_\_\_\_ (AECENL)  
 Box checked for return - no SASE included - certificates shredded - Date: \_\_\_\_\_ Initial: \_\_\_\_\_ (AECENL)