

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

Association of Early Childhood Educators of Newfoundland and Labrador

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

Telephone: 579-3004 Toll-free: 866-579-3004

Office/Drop-off/Courier: 59 Pippy Place, Suite 2A, St. John's, NL

Email: registrar@aecenl.ca Website: www.aecenl.ca

Application with required documents can be submitted by email, mail, or dropped off by hand.

This form must be printed and hand signed as **an electronic signature is not accepted.**

Do not use this application if you already hold a certification number (for any classification).

Section A: Applicant:

Name:	_____	_____	_____
	Legal First Name	Legal Middle Initial	Legal Last Name
Full Mailing Address:	_____		
	Street or P.O. Box		
	_____	_____	_____
	City/Town	Province	Postal Code
Telephone:	_____ (daytime)	_____ (cell)	_____ (evening/weekend)
Email address:	_____ Date of Birth: ____/____/____ (mm/dd/yyyy)		

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 a copy of the transcript (internet transcript acceptable) of all coursework completed to date for exemption of the course.

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 a full 2-day course or obligatory online course (or exemption as an ECE student) is required to receive non-renewable short-term Trainee 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 temporary certification;
- I understand that the status of my temporary 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 Facilitator Initials: _____

Certificate # P24 - _____

Valid from _____ to September 6th, 2024

Certificate sent: _____

