



For faster processing of your application, submit the following forms and documents. All forms can be found on the Early Childhood Educator Registry's website at: www.gov.bc.ca/earlychildhoodeducators

NEW APPLICATION

- Application form filled out completely, signed and dated.
Submit a photocopy of one (1) piece of government issued identification (i.e. Birth Certificate, Driver's License, or Provincial Health Care Card)
An official transcript (photocopies will not be accepted) confirming completion of an Early Childhood Education program course in Health, Safety and Nutrition, Child Guidance, or Child Development from a recognized Educational Institution listed in Schedule D on our Website.
The Character Reference Letter (Section 6) must be completed by another person (not the applicant) and submitted to the ECE Registry. Applicants should submit with the application form to prevent further delays.
Education outside of BC but within Canada? Please see our website for the appropriate forms and information. www.gov.bc.ca/earlychildhoodeducators
Education outside of Canada? Please see our website for the appropriate forms and information. www.gov.bc.ca/earlychildhoodeducators

RENEWAL

- Application form filled out completely, signed and dated.
Submit a photocopy of one (1) piece of government issued identification (i.e. Birth Certificate, Driver's License, or Provincial Health Care Card)
An official transcript (photocopies will not be accepted) sent from the Educational Institution directly to the Registry confirming completion of a recognized Early Childhood Education program course, other than one submitted previously for Certification.
The Character Reference Letter (Section 6) must be completed by another person (not the applicant) and submitted to the ECE Registry. Applicants should submit with the application form to prevent further delays.
400 Hours of Work Experience (Section 5)

If the following conditions are applicable, you must submit the following:

- Your name is different from the name on your transcript or other documentation.
Proof of name change. Provide a photocopy of the relevant document:
Marriage Certificate
Driver's Licence
Passport
Birth Certificate
Divorce Decree
Legal Name Change Certificate

MAIL COMPLETED APPLICATION TO:

Early Childhood Educator Registry
Ministry of Children and Family Development
PO BOX 9961, STN PROV GOVT
Victoria BC V8W 9R4

Telephone: 1-888-338-6622 (toll free) or 250-356-6501 (Greater Victoria)

Email: eceregistry@gov.bc.ca

Web page: www.gov.bc.ca/earlychildhoodeducators



All personal information is collected under the authority of the Community Care and Assisted Living Act, Section 8 and Child Care Licensing Regulation, and will be used to determine if you, the applicant, have the education, experience and other qualifications required by the regulations. Personal information will be used and disclosed in accordance with the privacy protection provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, contact the Early Childhood Educator Registry, PO Box 9961, STN PROV GOVT, Victoria BC V8W 9R4, Phone toll free: 1-888-338-6622.

SECTION 1 APPLICATION TYPE

New Application

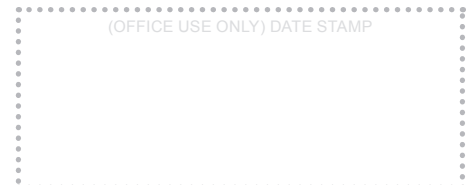
Important: If you have completed your education outside of BC, or have completed your education in a related field that is not specifically ECE, please see the ECE Web page (http://www.mcf.gov.bc.ca/childcare/ece/index.htm) as additional documentation may be required.

Renewal

Form with fields: CURRENT ECE ASSISTANT REGISTRATION NUMBER, EXPIRY DATE (MM/DD/YYYY)

SECTION 2 APPLICANT INFORMATION

Form with fields: LEGAL LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, DATE OF BIRTH, GENDER, PREVIOUS NAME, ABORIGINAL DESCENT, RESIDENTIAL MAILING ADDRESS, CITY/TOWN, PROVINCE, POSTAL CODE, COUNTRY, DAY TIME CONTACT NUMBER, ALTERNATE CONTACT NUMBER, EMAIL ADDRESS



SECTION 3 EDUCATION REQUIREMENTS – Please list all completed education relevant to this application

New applicants must have completed, within the **previous five years, one** course of a basic early childhood education program in either child development, child guidance or child health, safety and nutrition through a recognized educational institute.

If you have completed your education outside of BC please see the ECE Web page (<http://www.mcf.gov.bc.ca/childcare/ece/index.htm>) as additional documentation may be required.

To renew your Assistant Certification you must have completed, within the previous five years, at least one course of a basic early childhood education program through a recognized educational institute.

Official Transcripts are issued by a recognized educational institution and list the courses taken by the student with the college seal and/or signature of the college’s registrar.

Photocopies are not acceptable.

Please provide proof of name change documentation if your current name does not match the name on your official transcripts.

NAME ON OFFICIAL TRANSCRIPT	FULL NAME OF EDUCATIONAL INSTITUTION	
NAME OF PROGRAM OR COURSE	START DATE AT INSTITUTION (MM/DD/YYYY)	END DATE AT INSTITUTION (MM/DD/YYYY)
<input type="checkbox"/> Transcripts enclosed	<input type="checkbox"/> Transcripts being sent by educational institute	STUDENT NUMBER

SECTION 4 LANGUAGE FLUENCY

You must be able to speak and write in either English or French with reasonable fluency.

LANGUAGE OF INSTRUCTION FOR YOUR EDUCATION IN EARLY CHILDHOOD EDUCATION WAS (might be certificate program etc) <input type="checkbox"/> English <input type="checkbox"/> French
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SECTION 5 400 WORK EXPERIENCE HOURS FOR RENEWAL

All applicants who currently hold any one of the following certificates: Early Childhood Educator Assistant, Early Childhood Educator, Infant and Toddler Educator and/or Special Needs Educator, are required to have 400 hours of related work experience within the field of Early Childhood to renew.

If your Certificate expired **MORE than five years ago** you will need to have a Licenced Early Childhood Educator complete the 500 hour Work Experience and Competency Form (CF1367)

I, _____ am providing the following information for

(NAME OF PERSON PROVIDING REFERENCE)

(NAME OF APPLICANT)

I confirm that **during the previous five years** a total of _____ hours have been completed.

from _____ to _____

MM/DD/YY

MM/DD/YY

The applicant was working (check one):

- full time hours;
- part time hours

I know the applicant because (check one)

- I worked with;
- I supervised
- the applicant cared for my own child(ren)

Provide Additional Comments Here:

REFERENCE'S NAME (please print full name)		REFERENCE'S SIGNATURE	DATE SIGNED (MM/DD/YYYY)
RELATIONSHIP TO THE APPLICANT	DAYTIME PHONE NUMBER	REFERENCE EMAIL ADDRESS	LENGTH OF TIME KNOWING APPLICANT

SECTION 6 CHARACTER REFERENCE LETTER

Applicant: please have a person (Referee) complete this page. A referee must not be a relative, partner or spouse (or equivalent) and must have known the applicant for a minimum of 6 months. Applicants cannot complete their own Character Reference Letter.

Delay in receipt of this form will result in delay in the processing of the application. This is a character reference only and may not be used as a teaching report or professional evaluation.

APPLICANT'S NAME (please print)

1. How long have you known this applicant? A referee must have known the applicant for a minimum of 6 months.

2. In what capacity have you known this applicant? A referee must not be a relative, partner or spouse (or equivalent) of the applicant.

3. What characteristics and/or qualities have you seen the applicant exhibiting that would be valuable in working with young children?

4. Explain why you consider the applicant to have the temperament and ability to manage/work with young children.

5. Do you have any reason to believe the applicant should NOT be granted authorization to be an Early Childhood Educator or Assistant?

To the best of my knowledge the above information is complete and correct. (you may be contacted to verify any of the above information)

REFEREE'S NAME (please print full name)	REFEREE'S SIGNATURE	DATE SIGNED (MM/DD/YYYY)	
ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE
PHONE NUMBER (daytime) ()	EMAIL ADDRESS		

SECTION 7 DECLARATION

I **confirm that** the information provided in this application is complete and accurate. I understand that if inaccurate information is submitted it may result in the denial of certification.

I **understand that** information in this application or subsequently provided information may be reviewed, audited, and verified for the purpose of determining or auditing my eligibility for an ECE Certificate in British Columbia.

I **further understand that** the ECE Registry may take disciplinary action against me, including action to cancel my certification, if I have, by omission or commission, knowingly given false or misleading information in the course of completing this application.

APPLICANT'S NAME (please print)	APPLICANT'S SIGNATURE	DATE SIGNED (MM/DD/YYYY)
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SECTION 8 SUBMISSION INFORMATION

Before submitting your application to the Early Childhood Educator Registry, refer to the first page of this form to ensure all required documents have been completed and submitted along with this application. Failure to do so, will result in delays in processing your application.

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