



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: http://www.mcf.gov.bc.ca/childcare/ece/index.htm

TO RENEW ECE 5 YEAR, ITE AND/OR SNE (the requirements are the same for each)

- Application form filled out completely, signed and dated.
Proof of 40 Hours of Professional Development related to your employment in the field of Early Childhood completed within the last Certification Period.
The Character Reference Letter (Section 5).
400 Hours of Work Experience (Section 4)

HAS YOUR CERTIFICATION BEEN EXPIRED FOR OVER 5 YEARS?

- Have a certified Early Childhood Educator complete the 500 hour Work Experience and Competency Form (CF1367) and send in with the application.
Proof of 40 Hours of Professional Development related to your employment in the field of Early Childhood completed within the last five years.
The Character Reference Letter (Section 5).

HAS YOUR CERTIFICATION BEEN EXPIRED FOR OVER 10 YEARS?

- Please contact the Registry

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

- Your name is different from the name on your transcript, or your name has changed.
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: http://www.mcf.gov.bc.ca/childcare/ece/index.htm



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.

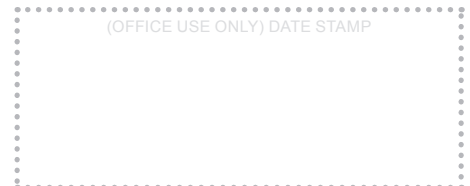
SECTION 1 APPLICATION TYPE

Indicate which certificate(s) you are renewing. Include the Registration number and the expiry date (as shown on the Certificate) for each selection.

Form with three checkboxes for Early Childhood Educator (ECE) 5 Year, Infant Toddler Educator (ITE), and Special Needs Educator (SNE). Each checkbox includes fields for 'Current ECE Certificate: NUMBER' and 'Expiry Date shown on Certificate (MM/DD/YYYY)'.

SECTION 2 APPLICANT INFORMATION

Form for applicant information with fields for: LEGAL LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, DATE OF BIRTH (MM/DD/YYYY), GENDER (M/F), PREVIOUS NAME (if applicable), ABORIGINAL DESCENT (First Nations, Metis, Inuit), RESIDENTIAL MAILING ADDRESS, CITY/TOWN, PROVINCE, POSTAL CODE, COUNTRY, DAYTIME CONTACT NUMBER, ALTERNATE CONTACT NUMBER, and EMAIL ADDRESS.



SECTION 3 PROFESSIONAL DEVELOPMENT

You are required to attend workshops or conferences related to the field of early childhood education totalling at least 40 hours. Please list the professional development courses you have taken over the **previous 5 years**. Acceptable proof of attendance (letter or certificate from program) must be submitted with application.

Name of Seminar/Course/Workshop	Full Name of Institution, Program or Agency	Start Date of Training (MM/DD/YYYY)	End Date of Training (MM/DD/YYYY)	Hours of Training	Documentation Attached?	
					Letter	Cert
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
				Total Hours of Training		

SECTION 4 400 WORK EXPERIENCE HOURS FOR RENEWAL

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

If your Certificate has expired **MORE than five years** ago you will need to have a certified 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

APPLICANT'S NAME

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:

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 5 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 6 DECLARATION

I **confirm that** the information provided in this application is complete and accurate. I understand that incomplete or inaccurate information submitted 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 renewing 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 7 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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