



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.

Before submitting your application to the Early Childhood Educator Registry, refer to this checklist 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. All forms can be found on the Early Childhood Educator Registry's website at:

www.gov.bc.ca/earlychildhoodeducators

EARLY CHILDHOOD EDUCATOR (ECE) 5 YEAR

- 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 through a recognized Educational Institution (unless previously issued a One Year Early Childhood Educator Certificate application).
The Character Reference Letter (Section 6) must be completed by another person (not the applicant).
Education outside of BC but in Canada? Please see our website for the appropriate forms and information.
Education outside of Canada? Please see our website for the appropriate forms and information.
If training was completed 10 or more years ago, you will need to submit a resume showing current work history and professional development.

INFANT TODDLER EDUCATOR (ITE) SPECIAL NEEDS EDUCATOR (SNE)

Important: In order to apply for an Infant and Toddler Educator (ITE) and/or a Special Needs Educator (SNE) you must hold a current ECE 5 Year Certificate or also be applying on this form for an ECE 5 Year Certificate.

- 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 and not acceptable) confirming completion of an Early Childhood Education program with the Infant and Toddler and/or Special Needs specific courses through an recognized Educational Institution (unless previously supplied with another Certificate).
The Character Reference Letter (Section 6) must be completed by another person (not the applicant).
If you currently hold an ECE 5 year certificate and are applying for an Infant and Toddler Educator (ITE) and/or a Special Needs Educator (SNE) you do not need to complete the 500 Hour Work Experience section (Section 5).
Education from outside of BC but in Canada? Please see our website for the appropriate forms and information.
Education from outside of Canada? Please see our website for the appropriate forms and information.

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, Divorce Decree, Legal Name Change Certificate
You received your education outside of Canada
Practicum Confirmation (CF1366), Program Confirmation (CF1363), Course Outlines (if required), International Credential Evaluation
Please contact the Registry for further information: phone toll free: 1-888-338-6622
Service Comprehensive Report (ICES)



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Applications must be completed in full and signed by the applicant. Applications that are found to have been filled out by anyone other than the applicant will not be processed.

SECTION 1 APPLICATION TYPE

Indicate which certificate(s) you are applying for.

Early Childhood Educator (ECE) 5 Year

Important: One Year ECE Certificate (if applicable): \_\_\_\_\_ You will need to complete the 500 Hour Work Experience section (page 5).

Infant Toddler Educator (ITE)

Important: Must hold current ECE 5 Year Certificate: \_\_\_\_\_, or be applying on this form for, an ECE 5 Year Certificate. If you hold a current ECE 5 Year Certificate you do not need to complete the 500 Hour Work Experience section (page 5).

Special Needs Educator (SNE)

Important: Must hold current ECE 5 Year Certificate: \_\_\_\_\_, or be applying on this form for, an ECE 5 Year Certificate. If you hold a current ECE 5 Year Certificate you do not need to complete the 500 Hour Work Experience section (page 5).

SECTION 2 APPLICANT INFORMATION

Form with fields for 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, DAYTIME CONTACT NUMBER, ALTERNATE CONTACT NUMBER, EMAIL ADDRESS.

(OFFICE USE ONLY) DATE STAMP

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

**Official Transcripts** are issued by an 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 transcript.

Applicants with an ECE 1 Year Certificate that are applying for an ECE 5 Year Certificate are **not** required to submit their transcript again. An official transcript (photocopies are not acceptable) confirming completion of an Early Childhood Education program with the Infant and Toddler and/or Special Needs specific courses through an recognized Educational Institution (unless previously supplied with another Certificate).

**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 ([www.gov.bc.ca/earlychildhoodeducators](http://www.gov.bc.ca/earlychildhoodeducators)) as additional documentation may be required.

**Please list all completed education relevant to this application**

TYPE OF EDUCATION RECEIVED OR IN PROCESS OF COMPLETING <input type="checkbox"/> Certificate (1yr) <input type="checkbox"/> Diploma (2yrs) <input type="checkbox"/> Degree (3yrs+)		NAME OF CERTIFICATE, DIPLOMA OR DEGREE RECEIVED OR IN PROCESS OF COMPLETING
NAME ON OFFICIAL TRANSCRIPT	STUDENT NUMBER	FULL NAME OF EDUCATIONAL INSTITUTION
START DATE AT INSTITUTION (MM/DD/YYYY)		END DATE AT INSTITUTION (MM/DD/YYYY)
<input type="checkbox"/> I have applied to ICES (out of country education only)	<input type="checkbox"/> Transcripts enclosed	<input type="checkbox"/> Transcripts being sent by educational institute <input type="checkbox"/> Program and Practicum Confirmation forms being sent by school

TYPE OF EDUCATION RECEIVED OR IN PROCESS OF COMPLETING <input type="checkbox"/> Certificate (1yr) <input type="checkbox"/> Diploma (2yrs) <input type="checkbox"/> Degree (3yrs+)		NAME OF CERTIFICATE, DIPLOMA OR DEGREE RECEIVED OR IN PROCESS OF COMPLETING
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### 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 5 500 HOUR WORK EXPERIENCE**

Note: Work experience hours must be completed AFTER the start of Educational Training and within the previous 5 years.

I, \_\_\_\_\_ verify that \_\_\_\_\_  
NAME OF ECE PROVIDING REFERENCE APPLICANT'S NAME

completed work experience at \_\_\_\_\_ in the \_\_\_\_\_  
NAME OF FACILITY AGE GROUP OF PROGRAM

from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ hours.  
MM/DD/YY MM/DD/YY

The applicant was working (check one):

- full time hours;
- part time hours

Based on my observations of the applicant, I am personally satisfied that the applicant is competent:

- In the areas of child development, guidance, health, safety and nutrition;
- To develop and implement an early childhood education curriculum;
- With respect to the fostering of positive relationships with children under the care of the applicant, the families of children and with coworkers, and;
- Has the skills, temperament and ability to work as an Early Childhood Educator.

All boxes must be marked to be valid for use as Work Experience.

Provide Further comment:

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

\* if the referee is certified through another province as a full ECE please contact the registry for requirements.

## 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

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**Note:** Applications must be completed in full and signed by the applicant. Applications that are found to have been filled out by anyone other than the applicant will not be processed.

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)

## SECTION 8 SUBMISSION INFORMATION

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**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](mailto:eceregistry@gov.bc.ca)

Web page: [www.gov.bc.ca/earlychildhoodeducators](http://www.gov.bc.ca/earlychildhoodeducators)