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
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.

☐ Early Childhood Educator (ECE) 5 Year

Current ECE 5 Year Certificate: ________________

Expiry Date shown on Certificate ________________

☐ Infant Toddler Educator (ITE)

Current ECE Certificate: ________________

Expiry Date shown on Certificate ________________

☐ Special Needs Educator (SNE)

Current ECE Certificate: ________________

Expiry Date shown on Certificate ________________

SECTION 2  APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>LEGAL LAST NAME</th>
<th>LEGAL FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>DATE OF BIRTH (MM/DD/YYYY)</th>
<th>GENDER</th>
<th>PREVIOUS NAME (if applicable). Please Provide Copy of Name Change/Marriage Certificate</th>
<th>ABORIGINAL DESCENT (optional)</th>
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<td>□ First Nations □ Metis □ Inuit</td>
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RESIDENTIAL MAILING ADDRESS

PROVINCE

POSTAL CODE

COUNTRY

DAYTIME CONTACT NUMBER

( )

ALTERNATE CONTACT NUMBER

( )

EMAIL ADDRESS

( )
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.

<table>
<thead>
<tr>
<th>Name of Seminar/Course/Workshop</th>
<th>Full Name of Institution, Program or Agency</th>
<th>Start Date of Training (mm/dd/yyyy)</th>
<th>End Date of Training (mm/dd/yyyy)</th>
<th>Hours of Training</th>
<th>Documentation Attached?</th>
<th>Letter</th>
<th>Cert</th>
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Total Hours of Training

SECURITY CLASSIFICATION UNTIL COMPLETION: MEDIUM SENSITIVITY
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

______________________________________________.

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

from ____________ to ____________.

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)

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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Victoria BC V8W 9R4

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