



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 This first page is a checklist of required documents for your reference.

NEW APPLICATION

- Application form filled out completely, signed and dated.
An official transcript (photocopies are not accepted) confirming completion of an Early Childhood Education program through a recognized Educational Institution.
Submit a photocopy of one (1) piece of government issued identification (i.e. Birth Certificate, Driver's License, or Provincial Health Care Card)
The Character Reference Letter (Section 6) must be completed by another person (not the applicant).
Education outside of BC but within 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.

RENEWAL

- A One Year Certificate can be renewed only once and before the certificate expiration date.
The Character Reference Letter (Section 6) must be completed by another person (not the applicant)
You must provide an explanation (Section 5) describing the circumstances that prevented you from completing the 500 hours of work experience required for an ECE Five Year Certification

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

- You received your education outside of Canada
Practicum Confirmation (CF1366)
Program Confirmation (CF1363)
Course Outlines (if required)
International Credential Evaluation Service Comprehensive Report (ICES)

Please contact the Registry for further information: phone toll free: 1-888-338-6622

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 (An ECE 1 Year Certificate may only be renewed only once.)

Important: You must include a letter with your application package explaining the circumstances that prevented you from completing the 500 hours of work experience required for an ECE 5 Year Certificate and a new Character Reference Letter.

Table with 2 columns: CURRENT ECE 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 (MM/DD/YYYY), 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 EDUCATION REQUIREMENTS

**Official Transcripts** are issued by an approved educational institution and list the courses taken by the student with the college seal and/or signature of the college's registrar. Only **Official Transcripts** are acceptable. **Photocopies are not accepted.**

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

**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	START DATE AT INSTITUTION (MM/DD/YYYY)
FULL NAME OF EDUCATION INSTITUTION			END DATE AT INSTITUTION (MM/DD/YYYY)
<input type="checkbox"/> I am sending the Official Transcript to the ECE Registry.	<input type="checkbox"/> I have applied to ICES (out of Canada education only).	<input type="checkbox"/> Course Outlines attached	<input type="checkbox"/> The Education Institution will send the Official Transcript directly to the ECE Registry. <input type="checkbox"/> The Education Institute will send the Practicum Confirmation (CF1363) directly to the ECE Registry.

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	START DATE AT INSTITUTION (MM/DD/YYYY)
FULL NAME OF EDUCATION INSTITUTION			END DATE AT INSTITUTION (MM/DD/YYYY)
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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 FOR RENEWAL ONLY**

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If renewing your ECE One Year certificate, please provide a reason why you could not complete the 500 hour Work Experience. Attach additional pages if necessary.

SPECIFY REASON

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APPLICANT'S SIGNATURE	DATE SIGNED (MM/DD/YYYY)
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## 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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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

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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.

**MAIL COMPLETED APPLICATION TO:**

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