



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 to receive an Early Childhood Educator Certificate. 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 CURRENT INFORMATION AT THE ECE REGISTRY

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE NAME, CERTIFICATE NUMBER

This form must be accompanied by Government Issued Photo ID in order to be processed.

SECTION 2 CERTIFICATE RE-PRINT REQUEST

If you are requesting a re-print of your certificate, please complete this section with the applicable information. You may also need to update Section 3, if the reason for the re-print is due to a change in your personal information.

REASON FOR REPRINT REQUEST

Large empty rectangular box for text input.

SECTION 3 NEW INFORMATION TO ADD TO FILE

Indicate the type(s) of information that has changed and include the previous information. You must provide proof of the name change by forwarding a photocopy of at least one of the following: Marriage Certificate, Driver's Licence, Passport, Birth Certificate or Divorce Decree

Name Change

Previous Legal Name (if different in Section 1)

Table with 3 columns: LAST NAME, FIRST NAME, MIDDLE NAME

New Legal Name

Table with 3 columns: LAST NAME, FIRST NAME, MIDDLE NAME

Change of Residential Mailing Address

EFFECTIVE DATE (MM/DD/YYYY)

Previous Address

Table with 5 columns: RESIDENTIAL MAILING ADDRESS, CITY/TOWN, PROVINCE/STATE, COUNTRY, POSTAL CODE

New Address

Table with 5 columns: RESIDENTIAL MAILING ADDRESS, CITY/TOWN, PROVINCE/STATE, COUNTRY, POSTAL CODE

Change of Phone Number

EFFECTIVE DATE (MM/DD/YYYY)
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Previous Phone Number

1ST PHONE NUMBER ( )	TYPE OF PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	2ND PHONE NUMBER ( )	TYPE OF PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
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New Phone Number

1ST PHONE NUMBER ( )	TYPE OF PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	2ND PHONE NUMBER ( )	TYPE OF PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
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Change of Email Address

EFFECTIVE DATE (MM/DD/YYYY)
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PREVIOUS EMAIL
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NEW EMAIL
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**SECTION 4 DECLARATION**

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**I confirm that** the information provided in this application is complete and accurate. I understand that if incomplete or 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 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 5 SUBMISSION INFORMATION**

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**MAIL COMPLETED FORM 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)

**CHECKLIST OF DOCUMENTS TO INCLUDE:**

- Copy of government issued Photo ID
- Copy of necessary Name Change Documents (if applicable)
- Completed and Signed Change of Information Form