



# Early Childhood Educator Five Year Certification 500 Hour Work Experience Reference

All personal information is collected by the Ministry of Education and Child Care under the authority of the Freedom of Information and Protection of Privacy Act s. 26(a), and will be used to determine if the applicant has the education, experience and other qualifications required by the regulations. If you have any questions about the collection, use or disclosure of this information, contact the Early Childhood Educator (ECE) Registry, PO Box 9961, STN PROV GOVT, Victoria BC V8W 9R4, Phone toll free: 1-888-338-6622, or email at [ECERegistry@gov.bc.ca](mailto:ECERegistry@gov.bc.ca).

## Instructions for Applicant

- Use this form if you are applying for an Early Childhood Educator (ECE) Five Year Certificate.
- Complete page 1 of this form and then provide the form to your reference to complete pages 2-3.
- If you completed your 500 hours in more than one location and under the supervision of more than one ECE, provide a separate 500 Hour Work Experience form to each reference who supervised your hours.
- Work experience hours must:
  - start after you began an early childhood education training program and cannot include practicum/placement hours (hours that were a part of your education)
  - have been completed within the last five years
- Your reference must submit this form directly to the ECE Registry and:
  - have directly supervised (observed) the hours they attest to
  - be able to speak to your knowledge, skills, and ability (competencies) as an ECE
  - have held valid Canadian ECE certification/registration during the hours they supervised (observed)
  - cannot be the same person you provided as a character reference
- It is important that you inform your reference(s) that a delay in the ECE Registry's receipt of your 500 Hour Work Experience form will result in a delay in processing your application.

## Applicant Information

Legal Last Name (as appears on your primary identification)		Legal First Name (as appears on your primary identification)	
Residential Mailing Address			
City/Town		Province	Postal Code
Country		Date of Birth (yyyy-mm-dd)	

## Consent

I, the applicant, hereby consent the following reference

Reference Full Name

to provide the ECE Registry with this 500 hour work experience reference and other related information as a part of my application for certification.

Applicant's Signature	Date Signed (yyyy-mm-dd)
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Please complete pages 2-3 and send all 3 pages of this form directly to the Early Childhood Educator Registry (ECE) per the submission information below. Please provide as much detail as possible; this will assist the ECE Registry in making our assessment of the applicant's eligibility for certification. The ECE Registry may contact you to verify or clarify the information you provide. Delay in the ECE Registry's receipt of this form will result in a delay in the assessment of the applicant's application.

Full Legal Name of Applicant		
Name and Type of Child Care Program		
Age of Children Cared for	Applicant Worked/Volunteered <input type="radio"/> Part Time <input type="radio"/> Full Time	Total Number of Hours You Observed the Applicant
Start Date of Hours (yyyy-mm-dd)	End Date of Hours (yyyy-mm-dd)	
Reference Relationship to Applicant (Reference's must have directly supervised (observed) the applicant working with children) <input type="radio"/> Supervisor <input type="radio"/> Co-Worker <input type="radio"/> Other (please specify) _____		

Have you observed the applicant's competence in the areas of:	Yes	No
Child development	<input type="checkbox"/>	<input type="checkbox"/>
Child guidance	<input type="checkbox"/>	<input type="checkbox"/>
Health, safety, and nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Developing an early childhood education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Implementing an early childhood education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Fostering positive relationships with children under their care	<input type="checkbox"/>	<input type="checkbox"/>
Fostering positive relationships with the families of children	<input type="checkbox"/>	<input type="checkbox"/>
Fostering positive relationships with co-workers	<input type="checkbox"/>	<input type="checkbox"/>

## Reference Information

First Name		Last Name	
Phone Number (999-999-9999)	Email Address		
ECE Certification/Registration Number		Province/Territory Certified/Registered In	

**To the best of my knowledge the above information is complete and correct.**

Reference Signature	Date Signed (yyyy-mm-dd)
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## Submission Information

### Mail Completed Form To:

Early Childhood Educator Registry  
Ministry of Education and Child Care  
PO Box 9961 Stn Prov Govt  
Victoria, BC V8W 9R4

### Questions? Contact the ECE Registry at:

Phone: 1-888-338-6622

Email: [ECERegistry@gov.bc.ca](mailto:ECERegistry@gov.bc.ca)

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