



# Early Childhood Educator Certification Program Confirmation

## Instructions for Applicant

Use this form if you completed some or all your education at an early childhood education training program that is not recognized by the Early Childhood Educator Registry.

### Document Translation Requirement

All documents submitted to the ECE Registry must be in English. If any documents are in a different language, they must be professionally translated at your own expense. All translated documents must be authenticated by the translator. Any costs associated with the release of transcripts and/or translation of your documents is your responsibility as the applicant.

### Gather Your Education Documents and Prepare this Form

- Contact your educational institution's early childhood education training program and ask them to send your official transcript directly to the ECE Registry. If your official transcript is not in English, ask your educational institution to send your official transcript directly to you to be professionally translated.
- Complete Section 1 (Applicant Information) and send this form to your educational institution with a cover letter.
- In your cover letter ensure you request that the Registrar of the Institution or the Director of the early childhood education training program:
  - Completes Sections 2-5 of this form and submits it to the ECE Registry.
  - Encloses course outlines or syllabi for each course you completed.
    - The course outlines or syllabi must:
      - Include detailed descriptions of course content, learning goals, outcomes, and/or expectations; and
      - Be from the same time period/year that you completed the course(s)
  - Provides a copy and/or electronic link (in Section 3) to the framework that was in place at the time you completed the program, if the program's curriculum was informed or supplemented by a provincial/state or national framework (for example, Early Childhood Education Standards or Early Learning Framework).
  - Sends this form and/or any of the required supporting documents to you to be professionally translated, if the educational institution cannot complete them in English.

## Instructions for Educational Institution

Sections 2-5 are to be completed by the Registrar of the educational institution or Director of the early childhood education training program.

**Note:** The applicant named in Section 1 (Applicant Information) of this form is a former student of your early childhood education training program and has applied for ECE certification in British Columbia (B.C.), Canada. As early childhood education training programs around the world vary in structure, length, hours and content, the B.C. ECE Registry requires information about the program completed by your former student, to determine if their education meets the [educational requirements in B.C.](#)

### Please complete the following steps:

- Complete sections 2-5 of this form.
- Enclose detailed course outlines or syllabi for all courses completed by the former student. If the course outlines or syllabi are not in English, please provide them to the student as requested in their cover letter. Please ensure that the course outlines or syllabi:
  - Include detailed descriptions of course content, learning goals, outcomes, and/or expectations; and
  - Are from the same time period/year that the student completed the course(s)
- If the program's curriculum was informed or supplemented by a provincial/state or national framework (for example, Early Childhood Education Standards or Early Learning Framework); please include a copy and/or electronic link (in Section 3) to the framework that was in place at the time they completed the program.
- If you are filling this form out by hand, please use blue or black ink and print clearly.
- Your name and signature are required on the last page of this form.
- Submit this form with supporting documents enclosed to the ECE Registry at the contact information below.

**Note:** If the student completed the early childhood education training program in a language other than English, and if a version of the documents is not available in English, please provide the documentation to the student as requested in their cover letter.

Please be advised that the ECE Registry may contact you to verify content within this document. Your assistance in this matter will greatly assist in the processing of this application.



## Early Childhood Educator Certification Program Confirmation

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).

### Section 1 Applicant Information

The following section is to be completed by the applicant (See instructions, page 1).

Legal Last Name (as appears on your primary identification)		Legal First Name (as appears on your primary identification)	
Legal Middle Name (optional)	Residential Mailing Address		
City/Town		Province/State	Postal Code
Country	Primary Contact Phone Number (999-999-9999)	Email Address	
Name on Official Transcript			
Student Number		Date Credential Issued (yyyy-mmm-dd)	
Name of Credential Issued (for example, Early Childhood Education Diploma)			

The following sections are to be completed by the Registrar of the institution or Director of the early childhood education training program (See instructions, pages 1-2).

### Section 2 Educational Institution Information

Full Name of Former Student (applicant)			
Student Number (confirmation)		Name of Educational Institution	
Date Student Started Program (yyyy-mmm-dd)		City/Town	
Province/State		Country	
Educational Institution is Approved by:			
<input type="checkbox"/> Provincial/State Government	<input type="checkbox"/> National Government	<input type="checkbox"/> Other Government Body	<input type="checkbox"/> Other Regulatory/Legal Body
Name of government or regulatory body that approved the educational Institution			
Website address for government or regulatory body that approved educational institution			

### Section 3 Program Specific Information

Name of program completed by former student	
Early Childhood Education Training Program Website	
City/Town	Province/State
Total Program Hours (Academic)	Credit Conversion One Credit = _____ academic hours of instruction
Name of Credential Issued (for example, Early Childhood Education Diploma)	Date Credential Issued (mmm-yyyy):
Was the program's curriculum informed by or supplemented by a provincial/state or national framework (for example, Early Learning Framework)? <input type="radio"/> Yes <input type="radio"/> No	
Website for provincial/state or national curriculum framework or standards associated with the program	

#### If program was completed in English (or is available in English):

I have enclosed the following documents/links:

- ☐ Detailed course outlines or syllabi for the time period/year courses were completed by former student
- ☐ Curriculum framework from the time period/year program was completed

#### If program was completed in a language other than English:

I have mailed the following documents/links directly to the student:

- ☐ Detailed course outlines or syllabi for the time period/year courses were completed by former student
- ☐ Curriculum framework from the time period/year program was completed to the former student

#### Career/Vocational Opportunities for Graduates:

Are Early Childhood Educators a regulated profession/occupation (for example, educators require a license, certificate, or registration to practice) in the province/state or country where your institution is located? ☐ Yes ☐ No

If yes, are graduates from the program listed above eligible for occupational/professional certification/registration? ☐ Yes ☐ No

Name of the regulatory body responsible for occupational/professional certification/registration:

Website address for professional/workforce regulatory body:

Please provide some examples of career/vocational opportunities for graduates of the program (for example, upon completion of the program can graduates work in licensed/regulated child care/nursery school programs, in schools as a kindergarten/primary school teacher, etc.)

## Section 4 Practicum

Did the student complete any practicum and/or practical experience as part of the program completed?

☐ Yes ☐ No

If yes, please provide information regarding the Practice and Performance Criteria (Check all that apply):

- ☐ The student was provided with opportunities to observe children in a variety of settings including:
- ☐ A setting with children who require additional support
  - ☐ A setting with children under the age of three
  - ☐ A setting with children three to five years of age
- ☐ The student was provided with opportunities for supervised practice/practical experience in a variety of settings including:
- ☐ A setting with children who require additional support
  - ☐ A setting with children under the age of three
  - ☐ A setting with children three to five years of age
- ☐ Practicum course(s) included discussions between sponsor educators, students, and practicum instructors
- ☐ The student was provided with opportunities to experience different philosophies of early childhood education
- ☐ The student was provided with opportunities to implement acquired knowledge and competencies in supportive environments working with young children birth to five years of age
- ☐ The student was provided with opportunities to analyze experiences through reflection, self-assessment, and feedback

Please provide the following details for each practicum the student completed.

### Practicum One

Course Title and Number:

Total Practicum hours:

Type of Practicum setting:

Ages of children:

### Practicum Two

Course Title and Number:

Total Practicum hours:

Type of Practicum setting:

Ages of children:

### Practicum Three

Course Title and Number:

Total Practicum hours:

Type of Practicum setting:

Ages of children:

### Practicum Four

Course Title and Number:

Total Practicum hours:

Type of Practicum setting:

Ages of children:

## Section 5 Registrar or Director Declaration

Name of Registrar or Director of Program	
Registrar or Director of ECE Program Email Address	
Address	
School Website Address	
Telephone Number (999-999-9999)	
Signature of Registrar or Director of Program	Date Signed (yyyy-mm-dd)

### 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)