



C.C.E.C.E.N.S., @NSCCA, 3845 Joseph Howe Drive, Suite 102, Halifax, Nova Scotia B3L 4H9

EARLY CHILDHOOD EDUCATOR CERTIFICATION
APPLICATION FORM

CONFIDENTIAL

HAVE YOU APPLIED PREVIOUSLY FOR CERTIFICATION? YES_ NO_

IF YES, GIVE NAME, DATE AND
DETAILS _____

PLEASE PRINT:

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE: (HOME) _____ (WORK) _____

PLACE OF EMPLOYMENT:
ADDRESS: _____

POSTAL CODE _____

HAVE YOU EVER BEEN REGISTERED OR CERTIFIED AS AN EARLY CHILDHOOD EDUCATOR (OR
SIMILAR TITLE) IN ANOTHER PROVINCE, STATE OR COUNTRY?

YES _____ NO _____

PROFESSIONAL TRAINING

(Clear photocopies of transcripts, diplomas, degrees or N.S. document of Level designation 1, 2, or 3 are
required)

1. FULLTIME, EXTENSION OR CONTINUING EDUCATION COURSES TAKEN IN
NOVA SCOTIA: _____

2. COURSES TAKEN OUTSIDE NOVA SCOTIA: _____

3. OTHER TRAINING IN RELATED FIELDS (pertaining to early childhood education): _____

EMPLOYMENT HISTORY

** Please obtain a letter of confirmation from your present employer and, if applicable, your previous employer (s). This is to document that you have been employed in the E.C.E field for more than two years.

PRESENT EMPLOYER:

DATES EMPLOYED: FROM _____ TO _____

POSITION HELD (TITLE) _____

NUMBER OF HOURS WORKED PER WEEK _____

SUPERVISOR / DIRECTOR _____

TYPE OF PROGRAM _____

NAME AND ADDRESS OF EMPLOYER _____

BRIEFLY DESCRIBE YOUR JOB RESPONSIBILITIES, OTHER PROFESSIONAL EXPERIENCES AND INTERESTS.

PREVIOUS EMPLOYER:

DATES EMPLOYED: FROM _____ TO _____

POSITION / TITLE _____

NUMBER OF HOURS WORKED PER WEEK: _____

SUPERVISOR / DIRECTOR _____

TYPE OF PROGRAM _____

NAME AND ADDRESS OF EMPLOYER _____

LIST BELOW OTHER APPLICABLE EMPLOYERS IF THE ABOVE CONSTITUTES LESS THAN A 2 YEAR HISTORY _____

MEMBERSHIPS IN OTHER PROFESSIONAL ORGANIZATIONS

SELF-EVALUATION

IN THE FOLLOWING SPACE (CONTINUE ON REVERSE, IF NECESSARY). PLEASE WRITE AN ASSESSMENT OF:

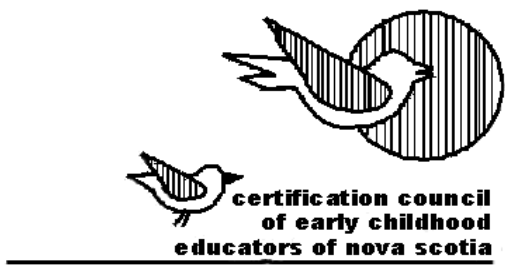
- YOURSELF

- YOUR ROLE AS AN EARLY CHILDHOOD EDUCATOR

- YOUR REACTION TO THE EXPERIENCE OF HAVING YOUR WORK EVALUATED BY A COLLEAGUE.

- YOUR STRENGTHS AND AREAS AND AREAS REQUIRING DEVELOPMENT

- YOUR POTENTIAL FOR GROWTH AS A TEACHER



C.C.E.C.E.N.S., @NSCCA, 3845 Joseph Howe Drive, Suite 102, Halifax, Nova Scotia B3L 4H9

C.C.E.C.E.N.S. STATEMENT OF CONTRACT

I CERTIFY THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AGREE TO ABIDE BY THE DECISION OF THE CERTIFICATION COMMITTEE WITH RESPECT TO MY APPLICATION FOR A CERTIFICATION CERTIFICATE AS AN EARLY CHILDHOOD EDUCATOR

I UNDERSTAND THAT, IF IN THE OPINION OF THE CERTIFICATION COMMITTEE. AFTER DUE INQUIRY:

- I NO LONGER QUALIFY AS A CERTIFIED EARLY CHILDHOOD EDUCATOR, AS PER THE BYLAWS.
- IF MY MEMBERSHIP FEES AND LETTER OF ACCOUNTABILITY ARE NOT SUBMITTED YEARLY, MY STATUS, AS A CERTIFIED EARLY CHILDHOOD EDUCATOR, WILL **BE REVOKED**.

I AGREE TO THE ABOVE TERMS AND CONDITIONS OF THE STATEMENT OF CONTRACT.

NAME _____ SIGNATURE _____

(PLEASE PRINT)

DATE _____