



Early Learning and Child Care Application for Certification

In summary, Regulation 40 states:

A licensee must ensure that an individual who is appointed as Centre Director:

(a) meets or exceeds the qualifications of an early childhood educator II; and

(b) in the case of a centre director appointed on or after July 5, 2001, meets or exceeds the qualifications of an early childhood educator III.

In summary, Regulation 41 states:

On and after January 1, 2002, a licensee of a centre must ensure that all persons employed in the centre as child care workers for 65 hours or more per month meet or exceed the qualifications of an early childhood educator I.

On and after January 1, 2005, a licensee of a centre must ensure that 30% of the persons employed in the centre as child care workers for 65 hours or more per month meet or exceed the qualifications of an early childhood educator II.

On and after January 1, 2007, a licensee of a centre must ensure that a further 20% of the persons employed in the centre as child care workers for 65 hours or more per month meet or exceed the qualifications of an early childhood educator III.

I have previously been granted an Exemption: No Yes Expiry Date: Day / Month / Year

I have previously been granted a Certification: No Yes Certification Date: Day / Month / Year

Certification Level: ECE I / ECE II / ECE III

I hereby make application for Certification at the following level:

Early Childhood Educator I Early Childhood Educator II Early Childhood Educator III

Applicant Name:		If you are employed in a child care centre please complete the following:	
Alias / Maiden Name:		Centre Name:	
Applicant Address:	Street / Box Number	Centre Address:	Street / Box Number
	City / Town		City / Town
	Postal Code		Postal Code
Applicant Day Phone number:		Name of Child Care Consultant	

* Official transcripts attached or Official transcripts forwarded directly by institution

Submit to: **Early Learning & Child Care Branch**
2220 College Avenue
Regina SK S4P 4V9

*Photocopies will not be accepted.

Date: Day / Month / Year

Applicant Signature: _____

For office use only:

ECE		ECE		Date Received
Subject Area	Course Hrs Required	Subject Area	Course Hrs Required	
Child Development		Child Development		
Programming		Programming		
Relationships		Relationships		
Related Courses		Related Courses		

Date: Day / Month / Year Manager Signature: _____

Approved / Not Approved