

## Early Learning and Child Care Home Provider Application for Certification

Family Child Care Homes

In summary, Regulation 60 (4) states:

*A person who becomes a licensee of a home, within one year of being granted a licence to operate a home, must successfully complete:*

- (a) a 40-hour introductory course in early childhood education; or
- (b) education or training that, in the opinion of the Director, is equivalent to the course described in clause (a).

NOTE: 40-hour courses that meet the requirements are those courses that address Child Development, Programming or Child Management.

Group Family Child Care Homes

In summary, Regulation 60 (5) states:

*A person who becomes a licensee of a group family child care home, within three years of being granted a licence to operate a group family child care home, must meet or exceed the qualification of an Early Childhood Educator I.*

NOTE: Early Childhood Educator I (ECE I) means an individual who has successfully completed a 120-hour introductory course in Early Childhood Education from a recognized educational facility, or equivalent education or training.

**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:** 40hr ECE / ECE I / ECE II / ECE III

**I hereby make application for certification at the following level:**

40-hour ECE course     Early Childhood Educator I     Early Childhood Educator II or III

<b>Applicant Name:</b>		<b>For Office Use Only</b>
<b>Alias / Maiden Name:</b>		
<b>Applicant Address:</b>	Street / Box number	
	City / Town	
	Postal Code	
<b>Applicant Day Phone number:</b>		
<b>Name of Child Care Consultant:</b>		

\* Official transcripts attached     or    Official transcripts forwarded directly by institution

Submit to:    **Early Learning and Child Care**  
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:** \_\_\_\_\_    **Manager Signature:** \_\_\_\_\_    Approved / Not Approved