



APPLICATION FOR EARLY CHILDHOOD EDUCATOR CERTIFICATION

General Information	
Select one: I am applying for Certification as an Early Childhood Educator in a:	
Child Care Centre	Family Child Care Home

Applicant Information				
First Name	Middle Name	Last Name		
Previous Name (if applicable)				Date of Birth (Year/Month/Day)
Mailing Address		City/Town	Province/Territory/Country	
Postal Code	Work Phone Number	Home Phone Number	Email	

Child Care Centre Information		
Complete if you are currently employed in a child care centre in Saskatchewan. Completion of this section releases assessment results to the child care centre for licensing purposes.		
Centre Name	Centre Director	
Street Address		City/Town
Postal Code	Phone Number	Email
Early Learning and Child Care Consultant		

Transcript Information – The transcript(s) must be sent directly to Ministry of Education, Early Childhood Educator Certification by the institution. Photocopies or notarized copies will not be accepted.		
My transcript(s) is from a post-secondary institution within Canada or the United States and will be sent by the institution directly to Early Childhood Educator Certification. Please list the institution(s) below.		
My transcript(s) is from a post-secondary institution outside of Canada or the United States and World Education Services (WES) will be sending my course-by-course evaluation (ICAP Report) directly to Ministry of Education, Early Childhood Educator Certification.		
Name of Institution	Name of Certificate or Diploma	Date Ordered (Year/Month/Day)
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Early Childhood Certification Held in Other Canadian Jurisdictions		
If you hold Early Childhood Certification from another province or territory, the provisions under Chapter 7 of <i>The Agreement on Internal Trade (AIT)</i> may apply to your application in Saskatchewan. Please list the level, certifying agency, and province you received the certificate from and include a photocopy of the certificate and a letter of authentication from the certifying agency with your application.		
Level of Certification Received	Certifying Agency	Province or Territory

Applicant Signature	Date
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Submit To:	<i>For Office Use Only</i>																									
Saskatchewan Ministry of Education Early Years Attention: ECE Certification 2 nd Floor, 2220 College Avenue REGINA SK S4P 4V9 Phone: (306) 787-7467 Fax: (306) 787-0277 Email: ec certification@gov.sk.ca	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Awarded</th> <th style="width: 15%;">Declined</th> <th style="width: 15%;">Direct</th> <th style="width: 15%;">Equivalency</th> </tr> </thead> <tbody> <tr> <td>ECE Level I</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ECE Level II</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ECE Level III</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Assessed: _____</td> <td colspan="3" style="padding: 5px;">Assessor: _____</td> </tr> </tbody> </table>		Awarded	Declined	Direct	Equivalency	ECE Level I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECE Level II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECE Level III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date Assessed: _____		Assessor: _____		
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