

RECORD OF ON-GOING TRAINING HOURS - **RENEWAL FORM FOR RE-CERTIFICATION**

This form is to be COMPLETED IN FULL & is REQUIRED to be returned to the Department of Education and Early Years with an Authorized signature for training attended.

✓ **Please attach copies of your workshop/course certificates as proof of training.**

Name: _____

Expiry date of Certificate: _____

Address: _____

Level of Certification:

- Early Childhood Intern
- Early Childhood Associate
- Early Childhood Educator
- School Age Provider
- Family Home Care Provider

Phone: _____

Email: _____

Place of Employment:

Phone number of place of employment:

Criminal Record Check & Vulnerable Sector Search Completed & attached

** Please advise our office if you have submitted a CRC or VSS in the past 3 years from the application date.*

I declare that all information given on this application is true, correct and complete to the best of my knowledge and I hereby authorize the Registrar to the Early Learning and Child Care Board to verify the above information.

SIGNATURE: _____

NAME OF WORKSHOP (MUST BE COMPLETED) <i>Professional Dev. Section here</i>	DAY / MONTH / YEAR	# OF HOURS	AUTHORIZED SIGNATURE
IN SERVICE: (Maximum 10 hours in 3 years)	DAY / MONTH / YEAR	# OF HOURS	AUTHORIZED SIGNATURE

Please return this form to the:

Early Learning and Child Care Board c/o Department of Education and Early Years
3 Brighton Road, P.O. Box 2000, Charlottetown, PE C1A 7N8; Phone: 902-368-6513; Fax: 902-569-7532