

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 & Lifelong Learning 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 Educator I

Phone: _____

Early Childhood Educator II

Email: _____

Early Childhood Educator III

Early Childhood Educator Supervisor

Early Childhood Educator Director

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.

Phone number of place of employment:

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