Ministry of Education

# Application for Early Childhood Educator Certification

## General Information

**Check (✓) the box that applies to you.**

I am applying for Certification as an Early Childhood Educator in a**:** **Child Care Centre** ☐
**Family Child Care Home** ☐

## Applicant Information

| First Name | | Last Name | |
|---|---|---|---|
| Previous Names (if applicable) | | | Date of Birth<br>Year / Month / Day |
| Street Address | | City/Town | Province/Territory/Country |
| Postal Code | Daytime Phone | 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 | | | |
|---|---|---|---|
| Street Address | | | City/Town |
| Postal Code | Daytime Phone | Email | |
| Early Learning and Child Care Consultant's Name | | | |

## Transcript Information

Attach official transcripts **or** arrange for transcripts to be forwarded directly to Early Learning and Child Care. Notarized copies of official transcripts will be accepted. Photocopied or faxed transcripts will **not** be accepted.

**Check (✓) the box that applies to you.**

I have attached my official transcripts **or** a notarized copy. ☐
My transcripts are being forwarded directly by the post-secondary institution(s).* ☐

### Post-Secondary Institution(s)

*Complete if transcripts are being forwarded directly by the post-secondary institution(s). List the post-secondary institution(s) forwarding transcripts below.

| | |
|---|---|
| 1. | 3. |
| 2. | 4. |

## Applicant Signature

| | Date |
|---|---|
| | |

## Submission Information

Submit applications to:

**Educator Services**
Attention: Early Childhood Educator Certification
128 – 1621 Albert Street
REGINA SK S4P 2S5
Phone (306) 787-5953
Fax (306) 787-1003

*For Office Use Only*

*Date Received*

Direct ECE Applications

| | Awarded | Declined |
|---|---|---|
| Orientation | ☐ | ☐ |
| Certificate | ☐ | ☐ |
| Diploma | ☐ | ☐ |

Assessor:_____

Date: Year / Month / Day