Ministry of Education

Application for Early Childhood Educator Exemption

General Information

To be completed by the Child Care Centre Board Chairperson

Check (✓) the box that applies.

This is an Application for Exemption on behalf of an **Early Childhood Educator** ☐

This is an Application for Exemption on behalf of a **Director** ☐

Director Exemptions must *be accompanied by a letter indicating the reasons the board has been unable to hire a qualified person.*

Child Care Centre Information

Centre Name	Facility Number
Street Address	
City/Town	Postal Code
Daytime Phone	Email
Early Learning and Child Care Consultant's Name	

Early Childhood Educator/Director Information

An Education Plan **must** accompany an Application for Exemption

Last Name	First Name
Previous Names (if applicable)	Date of Birth Year/Month/Day
Daytime Phone	Email

Early Childhood Educator/Director Declaration

I intend to follow the attached Education Plan.

Signature _____ Date _____

Child Care Centre Board Chairperson Declaration

I acknowledge that as licensee, the child care centre board intends to meet the requirements of Section 40 or 41 of *The Child Care Regulations, 2001* through further education of the above individual.

Board Member Signature _____ Date _____

Submission Information

Submit Application for **Early Childhood Educator** Exemption to: **Educator Services** Attention: Early Childhood Educator Certification 128-1621 Albert Street REGINA, SK S4P 2S5 Phone (306) 787-5953 Fax (306) 787-1003 Submit **Director** Application for Exemption to: ELCC Consultant	*For Office Use Only* *Date Received*

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Education Plan

1. List the courses you plan on taking within the **next 12 months** in order to meet educational requirements.

Course Name	Course Start Date	Planned Completion Date of Course	Name of Institution
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	
	Year/Month/Day	Year/Month/Day	

2. List the courses you have completed from your **previous** Education Plan (if applicable).

Course Name	Completion Date	Name of Institution
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	
	Year/Month/Day	

For Office Use Only

Exemption Approved ☐ Yes ☐ ECE I ☐ ECE II ☐ ECE III
☐ No ☐ ECE I ☐ ECE II ☐ ECE III

Signature:_____ **Date (**year-month-day**)**_____/_____/_____