

Privacy notice: The personal information collected for this application will only be used and accessed by authorized staff in accordance with the *Nova Scotia Freedom of Information and Protection of Privacy Act*. The information will be used to process your application and for planning/analysis. Name, registration number, dates, and classification level may be shared if requested by a current or prospective employer or another Canadian jurisdiction in order to confirm your classification level. The information will not be disclosed to anyone else unless it is authorized or required by law.

Timeline: Classification assessment begins after ECE Classification Services have received your application form and all required documents. Assessments take approximately 4 to 6 weeks to process. **You will be notified of the results by email.**

Applicant Information: If the supporting documents are in a different name, please indicate former name(s) below. Include your permanent mailing address.

Last name: _____ First name: _____ Middle initial: _____

Former name(s) (if any): _____

Date of birth (MM/DD/YYYY): _____ First language: _____

Current address: _____ City: _____

Province/territory: _____ Country: _____

Postal code: _____ Phone number: () _____

Email address: _____

Are you currently employed in a licensed child care facility in Nova Scotia?

No Yes, name of facility: _____

Have you been offered employment in a licensed child care facility in Nova Scotia?

No Yes, copy of offer letter is attached.

Have you completed "Orientation for Staff Working in Licensed Child Care Facilities"?

No Yes, copy of certificate is attached.

Type of Application: The type of application you are submitting is based on **where you completed** your post-secondary education and obtained your credential. Check only **one** box below.

Nova Scotia ECE		Canada ECE	International ECE
<input type="checkbox"/> ECE education completed in Nova Scotia <input type="checkbox"/> Streamline Application (I have confirmed this option is in place with my institution.)	<input type="checkbox"/> Nova Scotia Upgrade: Current registration number: _____ Classification issue date (MM/DD/YYYY): _____ Current classification level: _____	<input type="checkbox"/> ECE education completed in Canada <input type="checkbox"/> Canada Free Trade Agreement (CFTA) Application (I am certified or registered to work as an ECE in another Canadian province or territory.)	<input type="checkbox"/> ECE post-secondary education completed outside of Canada

Classification Level: Indicate the classification level you are applying for based on all relevant post-secondary education credentials. ECE Classification Services will review for the highest level possible based on the information you supply. The level granted will be based on your eligibility as determined by Nova Scotia's *Early Learning and Child Care Regulations* (Section 37).

(For information on levels and eligibility, visit www.ednet.ns.ca/earlyyears/pd/ClassificationforStaff.shtml.)

Check one of the following:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Entry Level | <input type="checkbox"/> Level 3 |
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> School Age Approval Level |
| <input type="checkbox"/> Level 2 | |

Post-Secondary ECE Education and Other Relevant Post-Secondary Education

Name of certificate/diploma/degree: _____

Name of training institution: _____

Location of training institution (city, country): _____

Start date (MM/DD/YYYY): _____ End date (MM/DD/YYYY): _____

Total number of course instructional hours for the entire diploma/certificate/degree program: _____

Total unpaid and supervised practicum/field placement hours: _____

Name of certificate/diploma/degree: _____

Name of training institution: _____

Location of training institution (city, country): _____

Start date (MM/DD/YYYY): _____ End date (MM/DD/YYYY): _____

Total number of course instructional hours for the entire diploma/certificate/degree program: _____

Total unpaid and supervised practicum/field placement hours: _____

Name of certificate/diploma/degree: _____

Name of training institution: _____

Location of training institution (city, country): _____

Start date (MM/DD/YYYY): _____ End date (MM/DD/YYYY): _____

Total number of course instructional hours for the entire diploma/certificate/degree program: _____

Total unpaid and supervised practicum/field placement hours: _____

If needed, include additional relevant post-secondary education on page 4.

OFFICIAL TRANSCRIPTS: Only “official transcripts” are acceptable for ECE Classification review. Faxed copies and photocopies are not acceptable. **Your official transcripts must:**

- be issued by an approved educational institution and include the college seal and/or signature of the registrar
- identify the courses you have taken
- provide proof of total course instructional hours and total unpaid program practicum/field placement hours
- be provided to Nova Scotia ECE Classification Services directly from your institution electronically, by mail, or be included with your application in an envelope sealed by the institution

REQUIRED DOCUMENTS: Check only the box(es) in the section for your type of application.

Nova Scotia ECE:

- My official transcripts are attached to this application in an envelope sealed by my educational institution.
- or**
- My official transcripts will be sent to ECE Classification Services directly by my educational institution.
- or**
- Streamline:** I have confirmed with my institution that I have successfully met the requirements for my program and verification will be sent from my institution via the **Streamline Application Process for Nova Scotia Graduates**.

Nova Scotia ECE Upgrade:

- I have included a copy of my certificate verifying completion of Orientation for Staff Working in Licensed Facilities (needed if applying for Level 1 or School-Age Training Approval)
- My official transcripts:
- are attached to this application in an envelope sealed by my educational institution.
- or**
- will be sent to ECE Classification Services directly by my educational institution.

Canada ECE (Official course descriptions may be required):

- My official transcripts are attached to this application in an envelope sealed by my educational institution.
- or**
- My official transcripts will be sent to ECE Classification Services directly by my educational institution.

Canada CFTA ECE:

- Copy of certificate to work in child care in another Canadian jurisdiction.
- Level of certification: _____ Certifying body: _____ Province/territory: _____

International ECE:

- | | |
|--|---|
| <input type="checkbox"/> My official transcripts are attached to this application in an envelope sealed by my educational institution. | <input type="checkbox"/> I have requested an international credential assessment, including a comprehensive course-by-course report , to be sent directly to ECE Classification Services. |
| or | <input type="checkbox"/> I have included official course descriptions from the educational institution of all completed courses. |
| <input type="checkbox"/> My official transcripts will be sent to ECE Classification Services directly by my educational institution. | <input type="checkbox"/> My official transcripts and course descriptions have been professionally translated into English or French by an approved translator. |
| | <input type="checkbox"/> My first language is not English or French and I have provided proof of my language proficiency test . |

Other Relevant Post-Secondary Education (continued from page 2 – ADDITIONAL SPACE IF NEEDED)

Name of diploma/certificate/degree: _____

Name of training institution: _____

Location of training institution (city, country): _____

Start date (MM/DD/YYYY): _____ End date (MM/DD/YYYY): _____

Total number of course instructional hours for the entire diploma/certificate/degree program: _____

Total unpaid and supervised practicum/field placement hours: _____

Declaration and Consent

By signing this application form, I am stating that the information I am providing is true and complete to the best of my knowledge. I authorize ECE Classification Services to review my application, verify information as needed, enter the information in the ECE Classification database, and issue a certificate. I understand that applications are reviewed individually, on a case-by-case basis.

- I understand that my application will be assessed when all required supporting documents have been received, and the application is **complete**.
- I understand that **complete** applications, including all required documents, will be assessed within 4 to 6 weeks and that outstanding information will delay this timeline.
- I declare that the information on this form is true and complete in every respect. I give consent to ECE Classification Services to verify the information contained in this form for the purpose of classification and school-age training approval.

Signature: _____

Date (MM/DD/YYYY): _____