

CPL Deferral Request

This form is for requests to defer compliance with CPL program requirements **for reasons not related to COVID-19**. For information on the option to defer CPL compliance due to COVID-19, please visit the College website at college-ece.ca/cpl.

The Continuous Professional Learning Regulation, made under the *Early Childhood Educators Act, 2007*, requires all members of the College of Early Childhood Educators to fulfill the requirements of the Continuous Professional Learning (CPL) program. These requirements are outlined in the [Notice of Continuous Professional Learning Program Requirements](#).

As indicated in the Notice of CPL Program Requirements, a member may be granted a deferral of their CPL program requirements if there are extenuating circumstances that significantly interfere with their ability to comply with CPL program requirements during the course of the membership year. Reasons for requesting a CPL deferral may include:

- maternity or parental leave
- illness
- disability
- bereavement
- personal hardship.

CPL Deferral Process and Decision

Members should submit a request for a deferral as soon as extenuating circumstances arise.

To request a CPL deferral, the member must complete and submit:

- the CPL Deferral Request Form, and
- appropriate supporting documentation.

Upon receipt of the form and supporting documentation, the request will be assessed to determine if the extenuating circumstances significantly interfere with the member's ability to comply with the CPL program requirements for the requested membership year.

The member will be notified within 30 days of submitting the required form and supporting documentation about whether their request for deferral has been approved or denied. CPL deferral decisions are made by the Registrar and are final.

If the request is denied, the member must complete their CPL program requirements in accordance with the Notice of CPL Program Requirements. Failure to comply with CPL program requirements may result in suspension of a member's Certificate of Registration.

Members who need support in completing this form can contact us at 1 888 961 8558 ext. 803 or cplcompliance@college-ece.ca.

Please submit this form and supporting documentation to the Professional Practice Department by e-mail at cplcompliance@college-ece.ca or mail to:

Attn: Professional Practice
College of Early Childhood Educators
438 University Ave, Suite 1900, Toronto, ON M5G 2K8

CPL Deferral Request Form

Completed by Member

Section 1: Personal Information

Last name:

First name:

Registration number:

Membership renewal month:

Preferred email address:

Telephone number:

Section 2: Request for Deferral of CPL Program Requirements (Check one)

Expectations for Practice Module

CPL Portfolio Cycle: Year One

CPL Portfolio Cycle: Year Two

Provide the membership year for which you would like to defer the above CPL program requirements (i.e., 2019-2020)

Section 3: Reason for Deferral of CPL Program Requirements (Check one)

Please check the box beside the reason that best explains the extenuating circumstances that significantly interfere with your ability to comply with your CPL program requirements.

Maternity or parental leave

Illness

Disability

Bereavement

Personal hardship

Other

If you selected "Other", please explain the reason:

Section 4: Supporting Documentation

A request for deferral must be accompanied with supporting documentation related to the reason(s) in Section 3. Supporting documents **must include** dates (start, end or both) or a timeframe of incident(s) and leaves.

Supporting documentation could include one of the following (not limited to):

- proof of employment benefits and written confirmation from employer, health professional or Indigenous healer
- medical certificate (see page 3)
- death certificate

Section 5: Signed Declaration

By checking this box and typing or printing my name, I confirm that the facts contained in this CPL Deferral Request Form are true.

Name:

Date:

CPL Deferral Request Form

Completed by Health Professional

The Medical Certificate is to be completed by the member's regulated health professional or Indigenous healer and attached to the CPL Deferral Request Form.

Note to member: A medical certificate may not be required if you have other relevant supporting documentation for your reason to request a deferral.

Medical Certificate for CPL Deferral Request Form

Pursuant to Ontario Regulation 359/15: Continuous Professional Learning, under the *Early Childhood Educators Act, 2007*, all members of the College of Early Childhood Educators are required to participate in the Continuous Professional Learning (CPL) program in order to maintain their membership. This obligation applies regardless of work setting and role or whether they are currently practising.

The member is requesting a deferral for the following requirements that they must complete (member must choose one):

Expectations for Practice Module

- Watch the **Expectations for Practice online module** (typically takes 1-1½ hours).
- Member has one membership year to complete and it can be done all at once or in parts as determined by the member.

CPL Portfolio Cycle: Year One

- Complete **Self Assessment Tool** by responding to self-reflection questions and formulate professional learning goals using template provided by the College.
- Complete **Professional Learning Plan** by identifying activities to support their professional learning goals over a two-year period and document them in the Professional Learning Plan template. There are no specific activities or time parameters for the activities identified in Professional Learning Plan.
- Begin completing outlined activities and document them in **Record of Professional Learning** template.
- Member has one membership year to complete.

CPL Portfolio Cycle: Year Two

- Continue activities identified in **Professional Learning Plan** and continue to document their activities in **Record of Professional Learning**.
- Member has one membership year to complete.

Medical Certificate

I the undersigned, _____ (full name) _____ (registration number and designation) certify that I have examined _____ (client's name) and it is my professional opinion that they cannot complete the CPL program requirements noted by the member and listed above during the time period of _____ (start date) to _____ (end date).

Stamp or signature

Your privacy matters. For more information on how we protect your data and the way it can be used, please visit college-ece.ca/privacy-statement