

CPL Deferral Request

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 by email at cplcompliance@college-ece.ca or call 416 961 8558 or toll-free 1 888 961 8558. Choose option 2 for the Professional Practice Department.

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
375 University Avenue, Suite 800,
Toronto ON M5G 2J5

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

Sexual Abuse Prevention Program

CPL Portfolio Cycle

Provide the membership year for which you would like to defer the above CPL program requirements (i.e., 2022-2023)

Provide a year for deferral:

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

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
- written confirmation from employer, health professional or Indigenous healer
- medical certificate completed by a medical professional. To find a Medical Certificate please go to page 3.
- death certificate

Please send the supporting documentation by email to cplcompliance@college-ece.ca

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:

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

Optional Medical Certificate Completed by Health Professional

The Medical Certificate is to be completed by the member’s regulated health professional or Indigenous healer and submitted with 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

All members of the College of Early Childhood Educators are required to participate in the Continuous Professional Learning (CPL) Program to maintain their membership (pursuant to Ontario Regulation 359/15: Continuous Professional Learning, under the *Early Childhood Educators Act, 2007*).

This obligation applies regardless of work setting and role or whether the member is currently practising.

The member is requesting a deferral for one of the following requirements:

Expectations for Practice Module (approx. 1 1/2 hours)

- Watch the **Expectations for Practice** online module.
- Member has one membership year to complete, all at once or in parts as determined by the member.

Sexual Abuse Prevention Program Requirements (approx. 5 1/2 - 6 hours)

- Complete **Commit to Kids – Child Sexual Abuse Prevention Training**: a series of 8 online modules and an online knowledge validation test (20 multiple choice questions).
- Complete **Teatree Tells**: an online video and quiz (four multiple choice questions).
- Read and review the three **College Resources**.
- Member has one membership year to complete the above listed elements.

CPL Portfolio Cycle (time to complete varies by member)

- Complete required components by responding to self-reflection questions, creating professional learning goal(s), identifying activities (e.g., read article, listen to podcast) and documenting participation in activities (e.g., notes, reflections).
- Member has one membership year to complete requirements.

Medical Certificate

I the undersigned, _____ (full name) _____ (registration number and designation) certify that I have examined / assessed _____ (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

Stamp or signature:

Date:

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