

Application Form for the Individual Assessment of Educational Qualifications

To complete this form, you must download and save a blank copy to your computer. Close your Internet browser and open the saved copy from your computer files. Now you may print off a hard copy or enter your information electronically.

Application for Individual Assessment Information

This form is for individuals who require an individual assessment of their educational qualifications.

Individuals who are former members and have had a Certificate of Registration revoked but had formerly applied under the individual assessment process must also use this form.

Please see college-ece.ca/individual_assessment_guide to confirm that this form applies to you.

Section 1: Confirmation of Applicant's Understanding

Confirm your understanding by putting a check mark by each of the 3 statements below.

- I confirm that all the information contained in this Application Form for the Individual Assessment of Educational Qualifications and related documents is true.
- I acknowledge that any false or misleading statement, representation or declaration in or in connection with this application, may be cause for refusal of registration or disciplinary action.
- By checking this box and typing/printing my name I confirm my understanding and agreement to the terms of this Application Form.

Applicant's full name

Date (dd/mm/yy)

Section 2: Previous Applications

a) Have you previously applied for registration with the College of Early Childhood Educators?

Yes No

If yes, please provide the following information:

- Application reference number:
- First and last name you applied under:

b) Are you a former member of the College whose Certificate of Registration was revoked?

Yes No

If yes, please provide your registration number:

Section 3: Application Package

All applicants must submit the following items in their application package to the College:

- a) Signed and completed Application Form
- b) Payment of C\$245 (new applicants) or C\$255 (former members)

Any application package missing one or more of the above items will not be processed by the College and will be returned. See college-ece.ca/individual_assessment_guide for details.

Applicants: You must submit additional supporting documents. See college-ece.ca/individual_assessment_guide for details and instructions.

Section 4: Application and Registration Fees

Please note the different application fees below.

Please check the description below and the corresponding fee (in Canadian dollars) that applies to you:

- I have never been registered with the College – **Fee due is \$245** (\$85 application fee + \$160 registration fee)
- I am a former member who is re-applying to the College and the current status of my Certificate of Registration is cancelled / resigned / expired - **Fee due is \$245** (\$85 application fee + \$160 registration fee)
- I am a former member who is re-applying to the College and the current status of my Certificate of Registration is revoked – **Fee due is \$255** (\$95 application fee + \$160 registration fee)

Please check method of payment being submitted:

- Cheque/ money order/ bank draft made out to the College of Early Childhood Educators

Cheque/ money order/ bank draft number:

Amount C\$

- Visa Visa Debit MasterCard

- By checking this box and typing/printing my name I authorize the College to charge the credit card below in the amount of C\$.*

Cardholder's name: (please print as it appears on the credit card):

Card number:

Exp. date (mm/yy):

CVV number (Card Verification Value) – The 3 digit number located on the back of the credit card:

*The application fee and the registration fee will appear as two separate transactions on your credit card statement.

Section 5: Personal Information (See college-ece.ca/individual_assessment_guide)

Last name

First name

Middle name(s)

Common first name (as it will appear on the College's public register)

Last name at birth (if different from above)

First name at birth (if different from above)

Former last name (if changed)

Former first name (if changed)

Date of birth (dd/mm/yyyy)

Home street address

Unit #

R.R.

P.O. Box

City

Province/Territory/State

Postal Code

Country

Home telephone number (include area code)

Mobile telephone number (include area code)

Preferred e-mail address (please include an e-mail address that is accessed only by you in order to receive communications from the College):

Are you currently: Employed Unemployed

If you checked the box to indicate you are employed, please provide the following:

a. Place of employment

Business name

Business address:

Unit #

R.R.

P.O. Box

City

Province/Territory/State

Postal Code

Country

b. Business telephone number (include area code)

c. Business fax number (include area code)

Section 5: Personal Information cont'd

Communications from the College

Preferred mailing address for communications from the College

Home address Business address

Preferred language of communication from the College: English French

For statistical purposes only

I identify my gender as: Female Male

If neither term above applies to you, please check this box.

Optional: I choose to self-identify with any of the following:

Indigenous heritage Francophone

Section 6: Eligibility to Work in Canada

Please submit a copy of proof of eligibility to work in Canada: Canadian birth certificate, valid passport, or valid work permit. For a full list of documents, please see [college-ece.ca/individual assessment guide](http://college-ece.ca/individual_assessment_guide).

Yes, I am eligible to work in Canada.

For applicants with a work permit only: If you have a valid work permit and meet all of the registration requirements, the College will issue a certificate with Terms, Conditions or Limitations (TCLs) being placed on your Certificate of Registration as outlined at [college-ece.ca/individual assessment guide](http://college-ece.ca/individual_assessment_guide). Please confirm your consent below.

By checking this box and typing/printing my name below, I consent to have the following TCL imposed on my Certificate of Registration and I agree to submit a copy of my work permit to the College.

I agree to provide proof of continued authorization under the Immigration and Refugee Protection Act (Canada) to engage in employment within the practice of the profession, failing which the certificate will expire on _____ (date of expiry of current work permit).

Applicant's full name

Section 7: Educational Requirement (see college-ece.ca/individual_assessment_guide)

Complete the one section that applies to you. List all credentials that you would like the College to consider in your assessment. If you have more than three credentials, use the "[Additional Information Sheet](#)".

a) If you obtained a diploma or degree in Canada then fill out the following:

| Educational institution name and address (include city and province): | Name of diploma program or degree (indicate major): | Year graduated: |
|--|--|-----------------|
|--|--|-----------------|

1)

| Official transcript ordered on (dd/mm/yyyy): | Name your transcript will appear under: | Student number: |
|--|---|-----------------|
|--|---|-----------------|

| Educational institution name and address (include city and province): | Name of diploma program or degree (indicate major): | Year graduated: |
|--|--|-----------------|
|--|--|-----------------|

2)

| Official transcript ordered on (dd/mm/yyyy): | Name your transcript will appear under: | Student number: |
|--|---|-----------------|
|--|---|-----------------|

| Educational institution name and address (include city and province): | Name of diploma program or degree (indicate major): | Year graduated: |
|--|--|-----------------|
|--|--|-----------------|

3)

| Official transcript ordered on (dd/mm/yyyy): | Name your transcript will appear under: | Student number: |
|--|---|-----------------|
|--|---|-----------------|

Section 7: Educational Requirement cont'd (see college-ece.ca/individual_assessment_guide)

b) If you obtained a diploma or degree outside of Canada, you are required to apply to WES for an ICAP Evaluation Report. Fill out the following:

Educational institution name and address
(include city and country):

Name of diploma program or degree
(indicate major):

Year graduated:

1)

2)

3)

WES ICAP report ordered on (dd/mm/yyyy):

The name your WES ICAP report will appear under:

WES application reference number:

Section 8: Language Fluency

Check the box that applies to you.

The language of instruction for my diploma or degree was in English.

The language of instruction for my diploma or degree was in French.

Other - The language of instruction for my diploma or degree was in a language other than English or French.

If you answered "Other" to the above, you must complete an English or French language test that has been approved by the College and achieve the scores required by the College for that test.

Check the box below to indicate which language test will be submitted:

International English Language Testing System (IELTS) Academic: Minimum score of 6.5 in each category (speaking, listening, reading and writing).

Internet-based Test of English as a Foreign Language (IBT TOEFL): Overall score of 88 and a minimum score of 20 in each category (speaking, listening, reading and writing).

Canadian Test of English for Scholars and Trainees (CanTest): Minimum score of 4.0 in each category (speaking, listening, reading and writing).

Test pour étudiants et stagiaires au Canada (TestCan): Minimum score of 4.0 in each category (speaking, listening, reading and writing sections).

See college-ece.ca/individual_assessment_guide for instructions about submitting test results.

Section 9: Professional Registration (Licensure)

You must answer ALL of the questions in this section.

1. Are you currently registered/licensed, or have you ever been registered/licensed by another regulatory/licensing organization in any profession in any jurisdiction?

Yes No

If you answered “yes” to the above, you are required to arrange for a [Proof of Professional Standing Form](#) to be sent from the regulatory organization to the College and provide the following information. See [college-ece.ca/individual_assessment_guide](#) for further details on the additional steps required.

Name of the profession(s)

Name of regulatory/ licensing organization

Province/Territory/State

Country

Dates of registration

Date you requested the Proof of Professional Standing Form from the regulatory/licensing organization (dd/mm/yy)

If you are or were registered or licensed in more than one jurisdiction or profession, see [college-ece.ca/individual_assessment_guide](#) for how to provide more details on the [“Additional Information Sheet”](#).

2. Have you ever been refused registration or membership by a regulatory/licensing body?

Yes No

If you answered “yes” to the above, see [college-ece.ca/individual_assessment_guide](#) for further details on the additional steps required and fill out the following.

Name of the profession(s)

Name of regulatory/ licensing organization

Province/Territory/State

Country

Dates applicable

Section 10: Issues Potentially Affecting Practice

You must answer ALL of the questions in this section.

1. Have you ever resigned your membership or registration with a regulatory/licensing organization while you were the subject of a complaint, investigation or proceeding with respect to professional misconduct, incompetence or incapacity in the practice of early childhood education or any other profession (in any jurisdiction)?
 Yes No
2. Have you ever been found guilty of professional misconduct, incompetence or incapacity in the practice of early childhood education or any other profession (in any jurisdiction)?
 Yes No
3. To your knowledge, are you currently being investigated for professional misconduct, incompetence or incapacity, in the practice of early childhood education or any other profession (in any jurisdiction)?
 Yes No
4. Have you ever been charged and/or found guilty of an offence under the [Controlled Drugs and Substances Act \(Canada\)](#) or the [Food and Drugs Act \(Canada\)](#)?
 Yes No
5. Have you ever been charged and/or found guilty of a criminal offence in Canada or in any jurisdiction outside of Canada?
 Yes No
6. Do you have a mental condition or disorder that may affect your ability to practise the profession **safely**?
 Yes No
7. Have you ever been charged with misconduct, including academic misconduct, that resulted in disciplinary actions by the Dean's office (or any equivalent or higher administrative office) while you attended a post-secondary institution?
 Yes No

Section 10: Issues Potentially Affecting Practice cont'd

You must answer ALL of the questions in this section.

8. Has a Children's Aid Society or equivalent authority in any jurisdiction ever **verified allegations or concerns** made against you?

Yes No

9. Have you ever had a Director's Approval for you to work in the role of an ECE or as a supervisor in an ECE setting **removed**?

Yes No

10. Have you ever had a letter of permission to work in a full-day kindergarten program in the role of an ECE **removed**?

Yes No

11. Do you currently hold, or have you ever held a licence to operate a child care centre under the [Day Nurseries Act](#) or the [Child Care and Early Years Act](#)?

Yes No

If you answered "Yes" to question 11, answer the following:

- a. Have you ever been found guilty of an offence under the [Day Nurseries Act](#) or the [Child Care and Early Years Act](#) or are you currently being investigated for an offence under either of those Acts?

Yes No

- b. Has a Director appointed under the [Day Nurseries Act](#) or the [Child Care and Early Years Act](#) ever revoked or refused to renew your child care centre licence?

Yes No

If you answered "Yes" to any of the questions in section 10, see [college-ece.ca/individual assessment guide](http://college-ece.ca/individual_assessment_guide) for instructions on providing more detailed information and attach additional documents.

Section 11: Acknowledgement

Please acknowledge by putting a check mark ✓ beside each of the 5 statements below.

- a) I understand that I must hold a Certificate of Registration in good standing with the College of Early Childhood Educators (the College) in order to practise as an early childhood educator in Ontario.
- Yes
- b) I understand that I cannot use the protected titles or designations “early childhood educator” (ECE) or “registered early childhood educator” (RECE) or their French equivalents unless I hold a Certificate of Registration in good standing with the College.
- Yes
- c) I understand that the College may require additional information (including supporting documents) in connection with this Application Form.
- Yes
- d) I understand that if there are any changes to the information provided on this Application Form, including to my contact information and changes to my eligibility to work in Canada, I am required to notify the College within 30 days of that change using the [Change of Information Form](#).
- Yes
- I confirm that I have read and agreed with all of the above conditions and verify all information in this Application Form is authentic and true.
- Yes

Review and Finalize Your Application

Please review this form and ensure it is complete and true before submitting it with supporting documents (if appropriate). See instructions at college-ece.ca/individual_assessment_guide.

Additional Information Sheet