

Request for Application Withdrawal Form

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 Withdrawal Information

This form is for applicants who wish to withdraw their application for registration with the College of Early Childhood Educators (the College). Please see college-ece.ca/application_withdrawal to confirm that this form applies to you.

Individuals who withdraw their application may reapply to the College in the future. The new application will be subject to all registration requirements and fees in effect at the time of reapplication.

Personal Information

Application reference number

Last name

First name

Middle name(s)

Home address

Street name & number

Unit #

P.O. BOX

R.R.

City

Province/State

Postal Code

Country

Home telephone number (include area code)

Business telephone number (include area code)

Personal e-mail address

Acknowledgement

I understand that I must hold a Certificate of Registration in good standing with the College of Early Childhood Educators in order to practise as an early childhood educator in Ontario and that I cannot use the title or designations “early childhood educator” (ECE), “registered early childhood educator” (RECE) or their French equivalents unless I hold a Certificate of Registration in good standing.

Yes

Signed Confirmation

By checking this box and typing or printing my name, I authorize the College to withdraw my application for registration.

Applicant's name

Date