

438 University Avenue, Suite 1900 Toronto ON M5G 2K8 Telephone: 416 961-8558 Toll-free: 1 888 961-8558 E-mail: <u>reinstatements@college-ece.ca</u> Website: <u>college-ece.ca</u>

Request for Membership Reinstatement 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.

Membership Reinstatement Requirements

Use this form if you are a former member whose Certificate of Registration has been cancelled/resigned or suspended.

If you are a former member, you only have a three year window from the date of your cancellation/resignation or suspension to apply to have your membership reinstated. After this period, you must re-apply to become a member of the College.

Complete all sections of this Membership Reinstatement Form and submit it to the College of Early Childhood Educators, along with any supporting documents and the reinstatement fees. For instructions, see <u>college-ece.ca/reinstatement guide</u> for details.

Section 1: Confirmation of Former Member's Understanding Confirm your member understanding by putting a check mark \checkmark by each of the 3 statements below. I confirm that all the information contained in this Membership Reinstatement Form and related documents is true. I acknowledge that any false or misleading statement, representation or declaration in or in connection with this Membership Reinstatement Form may be cause for disciplinary action. By checking this box and typing/printing my name I confirm my understanding and agreement to the terms of this Membership Reinstatement Form. Date (dd/mm/yy) Former member's full name **Section 2: Former Member Information** Last name First name Middle name(s) Common first name (as it will appear on the College's public register) Registration number

Section 2:	Former Membe	er Information cont'd							
Home addres	s: Street name	& number							
Unit #	R.R.	P.O. Box	City						
Province/Terr	ritory/State			Postal Code					
Country									
Home teleph	Home telephone number (include area code)								
Mobile teleph	Mobile telephone number (include area code)								
	nail address (ple nunications from		address that is acc	essed only by you in order to					
Are you curre	ently: E	mployed Une	mployed						
lf you checke	ed the box to ind	icate you are employed	, please provide th	e following:					
a. Place of er	mployment								
Business na	me								
Business ad	dress:								
Unit #	R.R.	P.O. Box	City						
Province/Ter	ritory/State			Postal Code					
Country									
	-	er (include area code)							
c. Business 1	fax number (incl	ude area code)							
Communicat	tions from the Co	ollege							
Preferred ma	ailing address fo	r communications from	the College						
	Home address Business address								
Preferred lar	nguage of comm	unication from the Coll	ege: Engli	sh French					
For statistica	l purposes only								
l 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 3: Reinstatement Fees See the <u>college-ece.ca/reinstatement guide</u> to determine the fees you must pay. Please note the different reinstatement fees below. Please check the description and the corre fee (in Canadian dollars) that applies to you: Reinstatement Fee 	sponding				
Please note the different reinstatement fees below. Please check the description and the corre fee (in Canadian dollars) that applies to you:	sponding				
fee (in Canadian dollars) that applies to you:	sponding				
Reinstatement Fee					
\$90 - I am seeking reinstatement following resignation or suspension					
and +					
Annual Fee \$160 - if applicable					
Please check the method of payment being submitted:					
Cheque / money order / bank draft # made out to the College of Early Childhood Educators					
Cheque / money order / bank draft #: Amount C\$					
Online banking through your financial institution (see <u>college-ece.ca/reinstatement_guide</u>)					
Bank confirmation/reference # Amount C\$					
Date (dd/mm/yy)					
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 (Card Verification Value) number – The 3 digit number located on the back of your card:					

Section 4: 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 <u>college-ece.ca/reinstatement guide</u>.

Yes, I am eligible to work in Canada.

For members with a work permit only: If you have a valid work permit and meet all of the reinstatement requirements, the College will issue a certificate with Terms, Conditions or Limitations (TCL) being placed on your Certificate of Registration as outlined in in the <u>college-ece.ca/reinstatement guide</u>. 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)

Former member's name:

Section 5: Issues Potentially Affecting Practice

You must answer ALL of the questions in this section.

1. Since you were last a member of the College, have you 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)?



2. Since you were last a member of the College, have you been found guilty of professional misconduct, incompetence or incapacity in the practice of early childhood education or any other profession (in any jurisdiction)? Please only answer "Yes" if you were found guilty by an organization that is NOT the College of ECE.



3. Since you were last a member of the College, to your knowledge, are you being investigated for professional misconduct, incompetence or incapacity, in the practice of early childhood education or any other profession (in any jurisdiction)? Please only answer "Yes" if you are being investigated by an organization that is NOT the College of ECE.



4. Since you were last a member of the College, have you been charged and/or found guilty of an offence under the <u>Controlled Drugs and Substances Act</u> (Canada) or the <u>Food and Drugs Act</u> (Canada)?

Sectio	n 5: Issues Potentially Affecting Practice cont'd
You m	ust answer ALL of the questions in this section.
5.	Since you were last a member of the College, have you 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 physical or mental condition or disorder that affects your ability to practise the profession safely ? Please only answer 'Yes' if you have never disclosed this information to the College, or if you have already disclosed it and this information has substantially changed since you did so.
	Yes No
7.	Since you were last a member with the College, have you 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
8.	Since you were last a member of the College, has a Children's Aid Society or equivalent authority in any jurisdiction verified allegations or concerns made against you?
	Yes No
9.	Since you were last a member of the College, have you had a Director's approval for you to work as a supervisor in an ECE setting removed ?
	Yes No
10	Since you were last a member of the College, have you held a licence to operate a child care centre under the <u>Child Care and EarlyYears Act?</u>
	Yes No
	If you answered "Yes" to question 10, answer the following:
	 a. Have you been found guilty of an offence under the <u>Child Care and Early Years Act</u> or are you currently being investigated for an offence under that Act? Yes No
	 b. Has a Director appointed under the <u>Child Care and Early Years Act</u> revoked or refused to renew your child care centre licence? Yes No
-	answered "Yes" to any of the questions in this section (i.e., Section 5), see <u>college-ece.ca/</u> atement guide for instructions on providing more detailed information and attach additional nents.

Sectio	n 6: Acknowledgement	\mathcal{A}
Confir	m your member understanding by putting a check mark \checkmark by 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.	
c)	I understand that the College may require additional information (including supporting documents) in connection with this reinstatement.	
d)	I understand that if there are any changes to the information provided on this Membership Reinstatement 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 <u>Change</u> <u>of Information Form</u> . Yes	
	m that I have read and agreed with all of the above conditions and verify all information in mbership Reinstatement Form is authentic and true.	
	Yes	Ϊ

Review and Finalize Your Membership Reinstatement Form

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