



## Application Form – Approval of Education Program

### Instructions

To fill out 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.

#### Section 1: Post-Secondary Institution and Education Program Contact Information

Name of post-secondary institution

Type of post-secondary institution

Is your post-secondary institution recognized as having the authority to grant diplomas and/or degrees?

Yes                      No

If "yes" to the above, provide the name of the provincial/territorial authority

Name of program and program code

Credential awarded

Name of department and faculty

Program website address

Program's mailing address

Campus or campuses where the program is offered

## Section 1: Post-Secondary Institution and Education Program Contact Information cont'd

If the program is offered jointly with another post-secondary institution, provide the following information:

The partner institution's name and mailing address

A brief description of each institution's role in the delivery of the program

### Contact Information - Primary Contact Person

Name

Position

Program

Department

Mailing address (if different from program mailing address as provided above)

Phone number (including extension)

E-mail

**Section 1: Post-Secondary Institution and Education Program Contact Information cont'd**

**Contact Information - Secondary Contact Person (Optional)**

Name

Position

Program

Department

Mailing address (if different from program mailing address as provided above)

Phone number (including extension)

E-mail

**Preferred Language of Communication from the College**

Preferred language of communication from the College:      English      French

## Section 2: Acknowledgement and Declaration

The post-secondary institution submitting an application for approval under the *Approval of Education Programs Policy* (2017) hereby acknowledges and declares the following:

All information in this submission is true and accurate.

The post-secondary institution shall inform the College of Early Childhood Educators (the College) about any changes to this application and any related materials submitted with the application.

The post-secondary institution shall submit additional information or materials to the College by the deadline specified by the College.

The post-secondary institution shall comply with all of the terms in the *Approval of Education Programs Policy* (2017).

This application was approved by the post-secondary institution's governing body or by another representative authorized to bind the program to the terms of this application.

Name of authorized official or representative

Name of post-secondary institution

Position in the post-secondary institution

By checking this box and typing/printing my name I confirm that I understand the terms of this form and I have the authority to bind the above-noted post-secondary institution to said terms.

Date

(Month/Day/Year)

### Section 3: Payment Information

*Check the description and the corresponding fees that apply:*

Undergraduate program (duration of two years in length) – Application fee is \$200 and assessment fee is \$2,300 – Total is \$2,500

Undergraduate program (duration of more than two years in length) – Application fee is \$200 and assessment fee is \$3,300 – Total is \$3,500

Graduate program – Application fee is \$200 and assessment fee is \$3,300 – Total is \$3,500

#### **Method of payment:**

Check the method of payment being submitted and complete the associated fields:

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 \$

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

Card number:

Expiry date:

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

Cheque / money order/ bank draft payable to the College of Early Childhood Educators

Cheque / money order/ bank draft number:

Amount paid: \$