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. Your information can be entered electronically. Please email you completed form and payment information to education-programs@college-ece.ca.

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

Name of post-secondary institution:

Type of post-secondary institution (college, university, career college):
Note: Ontario Indigenous Institutes are encouraged to reach out to the College and IAESC directly.

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

☐ Yes   ☐ No

If "Yes" to the above, please provide the name of the provincial/territorial authority:

Name of program and program code:

Credential awarded:

Name of department and faculty:

Program website:

Program mailing address:

Campus where the program will be offered:
Note: Each campus delivery requires a separate application form, fee and portfolio.

Contact information – Primary contact person

Name:

Position:

Program:

Department:

Mailing address (if different from above):

Phone number (including extension):

E-mail:

Contact information – Secondary contact person (optional)

Name:

Position:

Program:

Department:

Mailing address (if different from above):

Phone number (including extension):

E-mail:

Preferred language of communication from the College

☐ English   ☐ French

Partnership contact information (if applicable)

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

Note: If there is more than one post-secondary that you will be partnering with for the delivery of this program, please share the following information for each partner institution.

The partner institution's name:

The partners institution's mailing address:

Name of contact at partnering institution:

Contact information (email and phone number):

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

Contact information – Ministry of Colleges and Universities

Note: Career colleges are requested to provide contact information of their representative at the Career College Branch of the Ministry of Colleges and Universities. Please note that the information in this application package and review process will be shared with the Ministry upon receipt of an application.

Name:

Position and department:

Phone number (including extension):

E-mail:

Section 2: Acknowledgement and Declaration

The post-secondary institution submitting an application for approval under the *Approval of Education Programs Policy (2021)* hereby acknowledges and declares the following:

☐ All information in this submission is true and accurate.

☐ For career colleges, information in this application package and review process will be shared with the Ministry of Colleges and Universities, upon receipt of an application (applicable to career colleges only).

☐ 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 (2021)*.

☐ 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 signing below 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.

☐ By checking this box I am acknowledging that any false or misleading statement, representation, or declaration in or in connection with this form may be cause for refusal of this application.

☐ By checking this box and signing below I confirm the accuracy of the information provided.

Signature: Date:

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

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

Card number: Expiry date:

CVV number (card verification value – the 3 digits located on the back of your card):

☐ Preauthorized Debit (PAD)

For a PAD form and more information, please contact education-programs@college-ce.ca.

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*.