

## Validator's Contact Information 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.

### Section 1: Applicant's Information

Applicant's last name:

Applicant's first name:

Application Reference Number:

The College requires you to provide the contact information of the individual who can verify your experience (work experience, practicum or internship) in the practice of early childhood education.

This individual, the Validator, must meet the following criteria:

- Has obtained their educational qualifications in early childhood education.
- Is qualified to practise the profession in their jurisdiction:
  - In Ontario, the Validator must be a member in good standing of the College of Early Childhood Educators.
  - Outside of Ontario, the Validator must be able to practise the profession.
- Mentored your work in the practice of early childhood education.

#### Notes:

- If you have more than one Validator, you will be required to submit a separate Validator's Contact Information Form for each Validator.
- All forms are available in English and French only. If your Validator communicates in a language other than English or French, you will be required to submit a translation of the Validation of Work Experience Form to the College, along with the completed Validator's Contact Information Form.
- Validation of Work Experience Forms should be completed and submitted by a Validator.

## Section 2: Validator's Contact Information

---

Last name:

First name:

Job title:

Validator's post-secondary credential(s), including major:

Name of the post-secondary institution (include city, province/state and country):

---

Relationship to applicant:

Mentor     Supervisor     Director or equivalent

Other (please specify):

---

Validator's preferred mailing address:

Home     Business

Business Name:

Business or home address:

Unit #:

P.O. Box:

R.R.:

City:

Province/State:

Postal Code:

Country:

Telephone number (include area code and extension):

Email address:

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](https://college-ece.ca/privacy-statement).