

APPLICATION FOR EARLY CHILDHOOD EDUCATOR EXEMPTION

General Information

To be completed by the Child Care Centre Board Chairperson. This application should be submitted one month prior to the start date of a course or courses listed on the Education Plan.

Select one:

This is an Application for Exemption on behalf of an **Early Childhood Educator**.

This is an Application for Exemption on behalf of a **Centre Director**. *Centre Director Exemptions must be accompanied by a letter stating the reasons the board has been unable to hire a qualified person and must be sent to the centre's Early Learning and Child Care Consultant for approval.*

Child Care Centre Information

Centre Name		Entity Number
Street Address	City/Town	Postal Code
Daytime Phone Number	Email	
Centre Director	Early Learning and Child Care Consultant	

Staff Member Information

First Name	Middle Name	Last Name	
Previous Name (if applicable)		Date of Birth (Year/Month/Day)	
Mailing Address		City/Town	Province/Territory/Country
Postal Code	Work Phone Number	Home Phone Number	Email

Staff Member Declaration

I intend to complete the courses within the time frames listed on the attached Education Plan.

Staff Member Signature

Date

Child Care Centre Board Chairperson Declaration

I acknowledge that as licensee, the child care centre board meets the requirement of Section 41 or 42 of *The Child Care Regulations, 2015*, only with an active and valid exemption for the above individual. The validity of an exemption is contingent on the individual acting in accordance with the attached Education Plan.

Name of Child Care Centre Board Member (Please print)

Signature of Child Care Centre Board Member

Date

Submission Information

For Office Use Only

Submit to:

Saskatchewan Ministry of Education

Early Years

Attention: ECE Certification
2nd Floor, 2220 College Avenue
REGINA SK S4P 4V9
Phone: (306) 787-7467
Fax: (306) 787-0277
Email: eccertification@gov.sk.ca

	Exemption Approved	Exemption Not Approved	Expiry Date of Exemption
ECE Level I	<input type="checkbox"/>	<input type="checkbox"/>	_____
ECE Level II	<input type="checkbox"/>	<input type="checkbox"/>	
ECE Level III	<input type="checkbox"/>	<input type="checkbox"/>	
Date Assessed: _____	Assessor: _____		

EARLY CHILDHOOD EDUCATOR EXEMPTION EDUCATION PLAN

1. List the courses you have registered for and will be taking within the next 12 months in order to meet the educational requirements. Enrolment start and end dates for a minimum of 6 credit units of ECE coursework **must be** identified below.

Course Name	Start Date (Year/Month/Day)	Completion Date (Year/Month/Day)	Name of Institution

2. List the courses you have completed from your **previous** Education Plan (if applicable).

Course Name	Completion Date (Year/Month/Day)	Name of Institution