APPLICATION FOR TEMPORARY NON-RENEWABLE CHILD CARE SERVICE CERTIFICATION FOR POST-SECONDARY STUDENTS

Association of Early Childhood Educators of Newfoundland and Labrador
Mail: P. O. Box 8657, St. John's, NL A1B 3T1 Telephone: 579-3004 Toll-free: 866-579-3004
Office/Drop-off/Courier: 59 Pippy Place, Suite 2A, St. John's, NL Email: registrar@aecenl.ca Website: www.aecenl.ca

Application with required documents can be submitted by email, mail, or dropped off by hand.
The application must signed either electronically or by hand. A typed name, unfortunately, is not sufficient.
Do not use this application if you already hold a certification number (for any classification).

Section A: Applicant Information

Name: _____
Legal First Name Legal Middle Initial Legal Last Name

Mailing Address: _____
Street address or P.O. Box Apt/Suite

_____
City/Town Province Postal Code

Email: _____ **Phone:** _____

Date of Birth: _____/_____/_____ (mm/dd/yyyy)

Section B: Post-Secondary Information:

- **Non-ECE Students:** Attach documentation of post-secondary status (ex. transcript, acceptance letter, College/University ID – photocopies acceptable).
- **ECE students:** Attach a copy of the transcript (internet transcript acceptable) of all coursework completed to date for exemption of the course.

Name of Educational Institution: _____

Name of Program: _____ Expected Graduation Date: _____

Section C: All Applicants must sign and complete the following section:

My signature below indicates that:

- I am 18 years of age (or will be 18 years of age before starting the course);
- I understand that completion of a full 2-day course or obligatory online course (or exemption as an ECE student) is required to receive non renewable short-term Trainee Level Certification and that any certification issued is non-renewable and non-transferable to orientation courses completed at a later date.
- I understand that information submitted may be verified with granting organizations and that falsification of information or documentation will result in the cancellation of my temporary certification;
- I understand that the status of my temporary certification may be shared with Child Care Services Licensing personnel in the course of their work;
- I understand that if an e-mail address has been supplied with this application general information regarding issues related to
- certification may be sent using this format – my e-mail address will not be shared with other agencies without my prior express consent.

Signed: _____ Date: _____

If you wish to give permission for the Registrar to discuss your certification status with your employer/potential employer, please initial here: _____

This Section – AECENL Office Use Only

☐ ECE Student Exemption **or**
☐ Attended/Completed full course Facilitator Initials: _____

Certificate # P26 - _____
Valid from _____ to September 11th, 2026
Certificate sent: _____