



Please read the guide below for important information about completing this form, required documentation and submissions.

## **REISSUE APPLICATION**

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- Application is for those who hold a Child Care Services certification and wish to change their level, classification, and/or name change.
- Reissue application form if obtained online can be downloaded and filled out online, however, it must be printed, and hand signed. **An electronic signature is not accepted.**
- Complete ALL sides and ALL sections of the application and attach all required documentation.
- Incomplete application package (Incomplete, unsigned and/or illegible application and/ or illegible documentation) will be returned to you and may delay the effective date of your certification.
- Attach a fee for a nonstandard sized certificate unless you would like a certificate of standard size then no fee is required.

## **POST-SECONDARY CREDENTIALS**

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- A photocopy of your post-secondary credentials needs to be attached to the application. If illegible we will be requesting to resubmit them. You may be asked to produce originals or notarized photocopies.
- If your name is different from the name on your transcript or other documentation you will need to submit proof of name change. Provide a photocopy of one of the following legal documents:
  - Marriage certificate
  - Driver's License
  - Passport
  - Birth Certificate
  - Divorce Decree
  - Legal Name Change Certificate
- Non-Canadian post-secondary credentials documentation:

If the applicant has received education from outside of Canada. Specified documentation is only required if you want it assessed.

  - An official education assessment from a recognized educational assessment service such as World Education Services (WES) [www.wes.org/ca/](http://www.wes.org/ca/)
  - An official document from the post-secondary institution that includes program information, course descriptions, course and practicum hours
  - An official translation if documentation is in a language other than English

## SUBMISSION INFORMATION

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Only application form with **handwritten** signature will be accepted and processed. The application can be submitted by mail, courier, email, fax or in person. There is no after hours drop box at our office location.

**MAIL:**

Association of Early Childhood Educators NL (AECENL)  
P.O. Box 8657  
St. John's, NL A1B 3T1

**DROPOFF & COURIER:**

**Do not mail items to this address**

Association of Early Childhood Educators NL (AECENL)  
59 Pippy Place, Suite 1A  
St. John's, NL A1B 4N1

**FAX:** Toll-Free (877) 579-0217

(Only the most current reissue application is accepted for fax submission.)

**E-MAIL it to:** [registrar@aecenl.ca](mailto:registrar@aecenl.ca)

**How to email your reissue application package:**

- Only the most current reissue application is accepted for email submission.
- Only eligible PDF scanned documentation will be accepted. Photos (e.g., .jpg) are not acceptable as they are unable to produce legible copies.
- Only one email with all attachments should be submitted
- Put your name (first and last) and Reissue Application in the subject line of the e-mail before sending.
- Retain a copy of the original e-mail for your record, in the event it is requested to be resubmitted again.
- When you receive a bounce-back message from the [registrar@aecenl.ca](mailto:registrar@aecenl.ca) account, this is confirmation that your application has been received by AECENL.

## CONTACT INFORMATION FOR INQUIRIES:

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**Registrar of Child Care Services Certification**

TELEPHONE: Toll-Free (866) 579-3004

FAX: Toll-Free (877) 579-0217

EMAIL: [registrar@aecenl.ca](mailto:registrar@aecenl.ca)

WEBSITE: [www.aecenl.ca](http://www.aecenl.ca)



This application applies to only those applicants who hold **NL Child Care Services Certification** and are seeking a reissue (change of level and/or classification). **Please read the Reissue Application Guide before completing the application**

**SECTION A CHILD CARE SERVICES CERTIFICATION HELD**

Certificate # \_\_\_\_\_ Valid Until: \_\_\_\_\_

**SECTION B APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Legal First Name Middle Name Legal Last Name

Mailing Address: \_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_  
City/Town Province Country Postal Code

Telephone: \_\_\_\_\_  
Daytime Contact Number Alternative Contact Number Cell Number

Email Address: \_\_\_\_\_  
(Note: Your email address will not be shared with outside agencies without your permission.)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

**SECTION C CERTIFICATE SIZE**

Note: Only **one** certificate will be issued – frame size and frame size laminated fees are to cover additional materials, postage and handling charges. Check the appropriate box below and if applicable enclose a cheque or money order payable to AECENL (if no box is checked, or appropriate payment is included, the file size certificate will be sent).

- 8.5" x 4" (file size) .....free of charge
- 8.5" x 11" (frame size) ..... \$3.00
- 8.5" x 11" (frame size – laminated) ..... \$5.00

**This Section - Office Use Only**

Region:  Metro  Central East  Western  Labrador  N/A

Reissue:  Approved  Not Approved

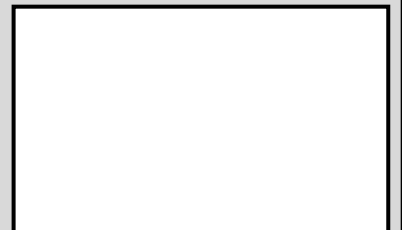
Certificate # \_\_\_\_\_ Level(s): \_\_\_\_\_ Classification(s): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Valid until: \_\_\_\_\_

Status Letter or Certificate sent: \_\_\_\_\_  AIT  Refresher \_\_\_\_\_ months

Notes: \_\_\_\_\_

Originals verified, photocopied, and returned in SASE as requested – Date: \_\_\_\_\_ Initial: \_\_\_\_\_ (AECENL)  
Box checked for return – no SASE included – certificates shredded – Date: \_\_\_\_\_ Initial: \_\_\_\_\_ (AECENL)



**SECTION D REASON FOR APPLICATION – (Check all that apply and complete the section(s) indicated)**

- Name change on the original certificate (*complete Section E*)
- A change of Level and/or Classification (*complete Section F*)

**SECTION E NAME CHANGE ON THE ORIGINAL CERTIFICATES**

I am requesting a reissue of my certification due to changing my name and I am attaching one of the following forms of documentation:

- a photocopy of marriage certificate
- certificate of divorce
- photocopy of a current legal photo ID (ex. driving license) that bares the new name
- change of name certificate
- birth certificate

My current name on child care services certification: \_\_\_\_\_

My new legal name: \_\_\_\_\_

**SECTION F CHANGE OF LEVEL AND/OR CLASSIFICATION: (check all that apply)**

Attach copies of documentation showing completion of post-secondary programs completed since certification was issued. You may be asked for originals or notarized photocopies. **DO NOT** include any program here that was included in your initial application for certification.

- GRADUATED from Degree/Diploma/Certificate Post-Secondary Program(s)**  
Attach photocopies of certificates/diplomas/degrees and/or official transcripts of course work that indicate graduation from the program(s).

NAME OF DEGREE, DIPLOMA, CERTIFICATE HELD	NAME OF POST-SECONDARY INSTITUTION	PROVINCE &/OR COUNTRY	YEAR COMPLETED

- Individual post-secondary courses related to Early Childhood Education**  
Attach copies of transcripts. Course descriptions or other related documentation may be required.

NAME OF POST-SECONDARY INSTITUTION	PROVINCE &/OR COUNTRY	YEAR COMPLETED

- Completed orientation course or approved equivalent (non-post-secondary)**  
Attach a copy of completion.

**SECTION G DECLARATION**

**NOTE: Applicants must read and sign the following section.**

- I confirm the information contained in this application for certification and any related documents are true and completed to the best of my knowledge.
- 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 certification.
- I understand that the status of my certification may be shared with Child Care Services Licensing personnel in the course of their work.
- 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 consent.
- By signing/printing the reissue application form I confirm my understanding and agreement to the terms of Child Care Services Certification.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION H SUBMISSION INFORMATION**

Please refer to the Reissue Application Guide for submission options.  
Before submitting the application package review the application ensuring all sections are completed, true and application hand-signed. Ensure all supporting documentation is attached to the application as well.

**CONTACT INFORMATION FOR INQUIRIES:**