

## APPLICATION FOR EARLY CHILDHOOD EDUCATOR CERTIFICATE

Applicant information					
Legal last name	Legal first name			Legal middle name	
Date of birth	Previous name (if applicable)				
YYYY/MM/DD					
Mailing address		City	Terr./Prov	v. Postal code	
Phone	Email				
Employment information					
Name of early learning child care program where employed		Position			
Address					
Request for certification					
Current early childhood educator level (if applicable)		Level being applied for			
Is this for re-certification?		<u>'</u>			
☐ Yes – expiration date of current level certification: ☐ No					
Required documentation					
Official transcript – I have requested a Early Learning and Child Care Unit.	an official transcript fr	om my educational	institution	to be sent to the	
Proof of residency – Yukon residency residency. (If you are not a Yukon residency program, contact our office for information	ent and are planning t	to work in a licensed			
☐ Proof of name change – If your name must provide proof of name change. If					
Signature of applicant:		Date:			
Send completed applications by mail	Early Learning and C Box 2703, Whitehors		nent of Yuk	on	
by email	earlylearning@yukon.ca				
in person 1000 Lewes Blvd., Whitehorse, Yukon					

The personal information is collected under the Child Care Act and the Access to Information and Protection of Privacy Act and is used for the purposes of administering the Child Care Worker Level Certification program and for the development of de-identified reports. Questions on how this information is used, disclosed, and collected should be directed to, Early Learning and Child Care Unit, Education at 867-667-3492 or toll-free at 1-800-661-0408 extension 3492, or in writing E-23 Box 2703, Whitehorse, Yukon, Y1A 2C6.

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