

CONTINUING EDUCATION APPLICATION FOR REIMBURSEMENT

SECTION 1: APPLICANT/COURSE INFORMATION (to be completed by the applicant, one application per course)				
I. APPLICANT				
Applicant Name :		Address :		
		Street- Apt.	City/Town	Postal Code
Email :		Telephone		
		Home:	Cell:	
<p><i>Please be advised your email address may be used to contact you regarding your application for continuing education. Do you give permission for Early Childhood Development and Pre-Primary to maintain your email address in a database to send you ongoing communications about the early childhood education sector</i> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
First Language		Self Identification (optional)		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____		<input type="checkbox"/> Acadian Nova Scotian <input type="checkbox"/> Immigrant/Newcomer <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> 2SLGBTIQ+		
		<input type="checkbox"/> Black/African Nova Scotian <input type="checkbox"/> Indigenous/Mi'kmaq <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____		
Current Early Childhood Education Training :	ECE Degree <input type="checkbox"/> or Level 3 <input type="checkbox"/>	ECE Diploma <input type="checkbox"/> or Level 2 <input type="checkbox"/>	Equivalent <input type="checkbox"/> or Level 1 <input type="checkbox"/>	Untrained <input type="checkbox"/> or Entry Level <input type="checkbox"/>
II. COURSE INFORMATION Please complete one application per course				
Name of Course:				
Training Institution:				
Date of Course:	From (DD/MM/YYYY):		To (DD/MM/YYYY):	
Cost per course (\$): (tuition only)			Cost of books/materials (\$):	
Did this course require travel of more than 100km one way?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did this course require your attendance in class during work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
III. REQUIRED SUPPORTING DOCUMENTATION				
A completed application must include the following:				Attached (✓)
1) Evidence from the institution that this course was completed successfully.				<input type="checkbox"/>
2) Receipts for the cost of the course and mandatory books/materials required for the course.				<input type="checkbox"/>
IV. REQUIREMENT TO WORK IN REGULATED CHILD CARE or PRE-PRIMARY PROGRAM				
If reimbursed for this course I understand I will be required to work in a regulated child care facility, family home child care agency/ FHCC home, or pre-primary program in Nova Scotia for 750 hours or 1500 hours as defined in the Continuing Education Program Terms & Conditions.				Agree (✓) <input type="checkbox"/>
<p>I, the undersigned, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief. Signing below, I agree to comply with the Terms and Conditions of the Continuing Education Program.</p>				
Applicant Signature		Print Name		Date

For applicants working in a regulated child care or Pre-Primary program, please have your director or designate complete this page

SECTION 2: PROGRAM INFORMATION		
Section 2 must be completed by the director or designate of the regulated child care facility, or pre-primary program where the applicant is currently employed. If you are a family home child care provider, complete page 3.		
I. PROGRAM INFORMATION		
Name of regulated child care or pre-primary program		
Applicant was employed at this workplace:	From (DD/MM/YYYY) :	To (DD/MM/YYYY) :
Average number of hours the applicant works per month:		
Has this course been reimbursed by way of another government funded program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate which program has provided funding for this course.		
Is the facility applying for reimbursement for substitute coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the number of hours a substitute was required while this applicant was attending classes.		
<p>I declare that the information on this form is true and complete in every respect. I give consent to Department of Education & Early Childhood Development to verify the information contained in this form, for the purpose of the Continuing Education Program I, the undersigned, do hereby certify that this information provided is true and complete to the best of my knowledge and belief. Signing below, I agree to comply with the Terms and Conditions of the Continuing Education Program.</p>		
Print Name:	Position/Title:	Phone:
Authorization Signature:	Date:	

****For applicants working in Family Home Child Care please have the director or designate of the agency complete this page**

SECTION 3: FAMILY HOME CHILD CARE AGENCY INFORMATION			
Section 3 must be completed by the director or designate of the agency where the applicant is currently employed or approved.			
I. AGENCY INFORMATION			
Name of Agency:			
Applicant was employed at this agency:	From (DD/MM/YYYY):	To (DD/MM/YYYY):	
Applicant was approved by this agency:	From (DD/MM/YYYY):	To (DD/MM/YYYY):	
Average number of hours the applicant works per month:			
Has this course been reimbursed by way of another government funded program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate which program has provided funding for this course.			
Is the agency/care provider applying for reimbursement for substitute coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide number of hours a substitute was required while this applicant was attending classes.			
<p>I declare that the information on this form is true and complete in every respect. I give consent to Department of Education & Early Childhood Development to verify the information contained in this form, for the purpose of the Continuing Education Program. Signing below, I agree to comply with the Terms and Conditions of the Continuing Education Program.</p>			
Authorization Signature	Print Name	Date	
Position/Title:	Phone Number (902) :		

How to Submit Applications for Continuing Education Reimbursement Program

- Applications received by DEECD beyond 60 days of course completion will not be accepted.
- All documents required for the Continuing Education Program, including application forms, terms and conditions are available on the website:
<http://www.ednet.ns.ca/earlyyears/pd/ContinuingEducation.shtml>

Please submit the complete and signed application via email to ECetraining@novascotia.ca

Applications can also be submitted by mail:

Mailing Address:

Continuing Education Program
 Department of Education and Early Childhood Development
 Early Childhood Development and Pre-primary
 4th Floor Brunswick Place
 2021 Brunswick Street
 Halifax, NS B3J 2S9

Incomplete applications will not be processed. Please attach application and required documentation in one email as a PDF.

Privacy Statement: The security and privacy of your personal information is important to us. In accordance with the Nova Scotia Freedom of Information & Protection of Privacy Act, the personal information collected by representatives of the Nova Scotia Department of Education and Early Childhood Development will only be used for the purposes of informing you of future employment opportunities in the province within the field of early childhood education. It will be shared only with your consent or in accordance with applicable legislation and policy.

Office Use - To be completed by Education & Early Childhood Development	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed by EECD (Print Name)
Total Approved: _____	
Notes:	
EECD Signature:	Date: