

Classification Services

Record of Professional Development

1 Read first

Complete this form to report 30 hours of professional development in every 3-year period following the date your classification was issued.

2 Give your details

Registration number: _____ PD Due Date: _____

Last name: _____ First name: _____

Middle Initial(s): _____

Mailing Address: _____ City: _____

Province/Territory: _____ Postal code: _____

Phone numbers: Home _____ Work _____

Email address: _____

Please be advised your email address may be used to contact you regarding your application for classification.

Do you give permission for Classification Services to maintain your email address in a database to send you ongoing communications about the early childhood education sector? YES NO

3 Describe your professional development

List all courses, seminars, conferences and workshops attended in the past 3 years (Refer to the Professional Development Info Sheet for a description of professional development). A rationale for professional development that is not one of the general areas related to children/childcare must be attached to this form.

Name of workshop/conference/course	Name of sponsoring group/presenter/instructor/educational institution	Date Completed (dd/mm/yyyy)	Number of hours	Office Use
Total hours				

4 Sign the declaration and consent

I declare that the information on this form is true and complete in every respect. I give consent to Classification Services to verify the information contained in this form, for the purpose of documenting continuing professional development

Signature: _____ Date: _____

Please note: You may be contacted to provide further information or proof of professional development listed on this form. Keep your training certificates for this purpose.

Upon review, confirmation will be returned to the email address provided on page 1 of this form.

<h4>5 Send this form to</h4> <p>Classification Services Early Years Branch Department of Education & ECD PO Box 578 Halifax, Nova Scotia B3J 2S9 Or by email to classification@novascotia.ca</p>	<h4>For office use only</h4> <p>Date received (dd/mm/yyyy): _____</p> <p>Date processed: _____</p> <p>New PD target date : _____</p> <p>Date to begin collecting hours: _____</p> <p>Reviewed by: _____</p>
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