

## Continuing Education Program Accumulated Hours Reporting Form

A requirement of the Department of Education and Early Childhood Development Continuing Education Program is that once the participant completes their program, they must complete a report outlining the hours worked in child care, family home child care, or the Pre-primary program.

**Please complete the *Accumulated Hours Reporting Form* & submit via email [ecetraining@novascotia.ca](mailto:ecetraining@novascotia.ca)**

**Or by mail to:**

Continuing Education Program  
 Early Childhood Development & Pre-primary  
 Education & Early Childhood Development  
 2021 Brunswick St, P.O. Box 578  
 Halifax, Nova Scotia B3J 2S9

Section 1 - Participant Information			
Participant Name :			
Address :			
		City/Town :	Postal Code :
Email :		Telephone	
		Home:	Cell:
Section 2 – Hours Required and Submitted			
Evidence must be provided from <u>every</u> centre/agency/Pre-primary program where hours were accumulated for this report:			
<ul style="list-style-type: none"> <li>a. Having the director/supervisor or designate of the program complete section 2 or</li> <li>b. Providing original pay stubs (as an attachment) or</li> <li>c. Providing a letter from the director/supervisor or designate of the program (as an attachment)</li> </ul>			
Based on the hours accumulated please total the number of hours and enter in the applicable space below. These hours will be used to fulfill the commitment of working in a child care, family home child care agency, or Pre-primary program for the reimbursements provided to you for courses taken. These hours <u>must</u> be paid hours and cannot include volunteer hours.			
<b>TOTAL NUMBER OF HOURS REPORTED:</b>			
<p><b>I, the undersigned, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief. I give consent to Education and Early Childhood Development to verify the information contained in this application and to contact the employers listed. Signing below, I agree to comply with the Terms and Conditions of the Continuing Education Program.</b></p>			
Participant Signature		Print Name	Date
Section 3 -Program Information			
To be completed by the employer; please provide the hours accumulated by the employee during the fiscal year			
Name of Program			
Number of hours worked at the program April 1- March 31			
Authorization (person completing this section) :			
Position/Title :		Phone Number	
<p><b>I, the undersigned, do hereby certify that this information provided is true and complete to the best of my knowledge and belief.</b></p>			
Authorization Signature		Print Name	Date
Section 4 - To be completed by Education & Early Childhood Development			
Report Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No		Did participant fulfill commitment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes			
EECD Name:		Signature:	Date: