

## 1 Read first

Use 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: \_\_\_\_\_

## 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 Child Care Staff 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.**

### Scan and email this form to:

[classification@novascotia.ca](mailto:classification@novascotia.ca)

### or mail to:

Child Care Staff Classification Services  
Early Years Branch  
Department of Education & ECD  
PO Box 578  
Halifax, Nova Scotia  
B3J 2S9

**Note:** This form will be returned to and maintained by you. A copy should be kept on file at the facility for compliance with Regulation 38.

### For office use only

Date received : \_\_\_\_\_

Date processed : \_\_\_\_\_

New PD target date : \_\_\_\_\_

Date to begin collecting hours: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Early Childhood Development Consultant