



**CONTINUING EDUCATION PROGRAM
APPLICATION FOR COURSE REIMBURSEMENT (Page 1 of 3)**

SECTION 1: APPLICANT/COURSE INFORMATION (to be completed by the applicant, one application per course)				
I. APPLICANT				
Applicant Name :		Address :		
		Street	City/Town	Postal Code
Email :		Telephone		
		Home:	Cell:	
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 <u>Please complete one application per course</u>				
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			
Please describe how this course will provide value to your current role/career path:				
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 LICENSED CHILD CARE				
If reimbursed for this course I understand I will be required to work in a licensed child care facility or family home day care agency in Nova Scotia for 750 hours or 1500 hours as defined in the Continuing Education Program Terms & Conditions.				Agree (√) <input type="checkbox"/>
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.				
Applicant Signature	Print Name		Date	

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SECTION 2: LICENSED CHILD CARE FACILITY/AGENCY INFORMATION			
<i>Section 2 <u>must</u> be completed by the director or designate of the facility/agency where the applicant is currently employed.</i>			
I. FACILITY/AGENCY INFORMATION			
Name of Facility/Agency:			
Applicant was employed at this facility/agency :	From (DD/MM/YYYY) :	To (DD/MM/YYYY) :	
Average number of hours the employee 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.			
Does this facility/agency support this employee and the course taken :	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please indicate why.			
Is the facility/agency 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 employee was attending classes.			
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.			
Authorization Signature	Print Name	Date	
Position/Title:		Phone Number (902) :	

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SECTION 3: About You Survey (optional)

What is your primary language?

- English
- French

Not listed above, please specify _____

Are you Mi'kmaw or of other Indigenous Ancestry?

For the purpose of this survey, Indigenous ancestry refers to persons who consider themselves to be First Nations, Inuit, or Metis (as defined and recognized by the Government of Canada).

- Yes
- No
- Prefer not to answer

Ancestry

For the purpose of this survey, the ethnic or cultural origins of the applicant's ancestors can be from either or both sides of the family. Ethnic or cultural ancestry should not be confused with citizenship. Please identify your ancestry from the following:

- Acadian/Acadien
- African/African Nova Scotian/Black
- European
- Asian
- Middle Eastern
- Prefer not to answer
- Not listed above, please specify _____

Please send the completed application to:

Coordinator, Family Home Day Care & Early Childhood Education
Early Childhood Development Services
Early Years Branch
Department of Education and Early Childhood Development
PO Box 578
Halifax, NS B3J 2S9

Should you require further information, please contact Kristina Creamer at (902) 424-5460 or e-mail at Kristina.creamer@novascotia.ca

SECTION 4: To be completed by the Department of Education and ECD ONLY

- Course Approved Yes
 No

Coordinator, Early Childhood Education Updated (in system)

Signature

Print Name

Date