

# Application for Upgrade

Complete this form if you wish to apply for an upgrade to your level of classification according to qualifications as outlined in Section 37 of the Day Care Regulations. Errors, omissions, or incomplete forms will delay assessment.

## 1 Give your details

Registration number: \_\_\_\_\_ Current level of classification: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle Initial(s): \_\_\_\_\_ Former last names if any: \_\_\_\_\_

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

## 2 Check the level or approval that you are applying for

Level 1  Level 2  Level 3  School-Age Training Approval

## 3 Attach supporting documentation

### Attach all necessary information:

Copy of orientation completion certificate (if applicable)

Certificate to work in childcare in another Canadian jurisdiction (if applicable)

Or

Official transcripts

They are issued by an approved educational institution and list the courses taken by the student. Official transcripts are in a sealed envelope and show the college seal and/or signature of the registrar. Only Official transcripts are acceptable and must be received by Classification Services prior to any assessment. (No fax or photocopies).

Attached to this application (in an envelope sealed by educational institution)

Will be forwarded directly by educational institution

International credential assessment result – comprehensive course-by-course report (if applicable) - sent directly from the issuing agency

#### 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 classification and school-age training approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 5 Send this form to

ECE Classification Services  
Early Years Branch  
Department of Education & ECD  
PO Box 578  
Halifax, Nova Scotia  
B3J 2S9  
Or by email to [classification@novascotia.ca](mailto:classification@novascotia.ca)

#### For office use only

Date received (dd/mm/yyyy): \_\_\_\_\_

Registration number: \_\_\_\_\_

Date issued (dd/mm/yyyy): \_\_\_\_\_

Classification level: \_\_\_\_\_

Upgrade Issued:  Yes  No

Date Processed (dd/mm/yyyy): \_\_\_\_\_