

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

or mail to:

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

For office use only

Date received : _____

Date processed : _____

New PD target date : _____

Date to begin collecting hours: _____

Reviewed by: _____

Early Childhood Development Consultant