

Application for Classification

Use this form to apply for classification if you have completed relevant post-secondary training anywhere in Canada. For details on qualifications and the application process visit our website ednet.ns.ca/earlyyears/pd/ClassificationforStaff.shtml and read the Guide to Classification and Professional Development.

Errors, omissions, or incomplete applications will delay assessment.

1 Give your details

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

Entry Level Level 1 Level 2 Level 3 School-Age Training Approval

3 Include your certification details from other Canadian jurisdiction, if applicable

Are you currently certified to work in childcare in another Canadian jurisdiction? Yes No

Certification from Other Canadian Jurisdictions

If you hold a certification from another province or territory, based on Chapter 7 on Labour Mobility of the Canada Free Trade Agreement (CFTA), it may be recognized and apply to your application in Nova Scotia:

- List the level, certifying agency, and province/territory in which you've received the certification.
- Attach a photocopy of the certification from another province or territory with this application form.

Level of Certification	Certifying Agency	Province/Territory

4 Describe your education

List all completed and relevant training, certificates, diplomas, and degrees achieved in Canada.

Certificate / Diploma / Degree name	Date Attended	Training Institution name	Location

5 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: _____

6 Have you attached all supporting documents?

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
 - Will be forwarded directly by educational institution

7 Send this form to

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

For office use only

Date received (dd/mm/yyyy): _____

Registration number: _____

Date issued (dd/mm/yyyy): _____

Classification level: _____

School age approval: Yes No Requires orientation: Yes No