

CONTINUING EDUCATION APPLICATION FOR REIMBURSEMENT

SECTION 1: APPLICATION/COURSE INFORMATION				
Must be completed by the applicant and submitted within 60 days of the completion of the course				
I. APPLICANT				
Applicant First and Last Name		Address		
		Street - Apt.	City/Town	Postal Code
Email (may be used to communicate about the application)			Telephone	
			Home:	Cell:
Can the Department of Education and Early Childhood Development send you communications about the early childhood sector? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please confirm your status (per the Terms & Conditions): <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident. <i>Note that temporary foreign workers, international students, or any person in Canada on a temporary resident visa do not qualify.</i>				
First Language		Self-identification (optional)		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____		<input type="checkbox"/> Acadian Nova Scotian <input type="checkbox"/> Immigrant/Newcomer <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> 2SLGBTIQ+	<input type="checkbox"/> Black/African Nova Scotian <input type="checkbox"/> Indigenous/Mi'kmaq <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other	
Current Classification	<input type="checkbox"/> ECE Degree or <input type="checkbox"/> Level 3	<input type="checkbox"/> ECE Diploma or <input type="checkbox"/> Level 2	<input type="checkbox"/> Equivalent or <input type="checkbox"/> Level 1	<input type="checkbox"/> Untrained or <input type="checkbox"/> Entry Level
NS ECE Classification number (if relevant)				
II. COURSE INFORMATION (up to three courses per claim)				
Training Institution and Program Name	Training Institution Name:		Degree or Diploma Program Name:	
Name of First Course			From (DD/MM/YYYY):	*To (DD/MM/YYYY):
Name of Second Course			From (DD/MM/YYYY):	*To (DD/MM/YYYY):
Name of Third Course			From (DD/MM/YYYY):	*To (DD/MM/YYYY):
Total Tuition Cost (\$)			Total Book Cost (\$)	
III. * REQUIRED SUPPORTING DOCUMENTATION				
A completed application must include all of the following:				*Attached (✓)
1. Evidence that you were a part-time student for the requested course term reimbursement.				<input type="checkbox"/>
2. Evidence from the institution that this course was completed successfully .				<input type="checkbox"/>
3. Receipts for the cost of the course and mandatory books/materials required for the course.				<input type="checkbox"/>
IV. * REQUIREMENT TO WORK IN REGULATED CHILD CARE or PRE-PRIMARY PROGRAM				
If reimbursed for this course I understand I will be required to work in a regulated child care facility, family home child care agency/ FHCC home, or pre-primary program in Nova Scotia for 750 hours or 1500 hours as defined in the Continuing Education Program Terms & Conditions.				*Agree (✓) <input type="checkbox"/>
My expected program completion date is:		(MM/YYYY):		
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

For applicants **working in a regulated child care or Pre-Primary program**, please have your director/designate complete this page

SECTION 2: PROGRAM INFORMATION		
Must be completed by the director or designate of the child care facility , or pre-primary program where the applicant is currently employed. If you are a family home child care provider, complete page 3.		
I. PROGRAM INFORMATION		
Name of regulated child care or pre-primary program		
Region of program (Eastern, Northern, Central, Western)		
Applicant was employed at this workplace:	From (DD/MM/YYYY):	To (DD/MM/YYYY):
Job title/position occupied by applicant		
Average number of hours the applicant 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.		
I declare that the information on this form is true and complete in every respect. I give consent to Department of Education & Early Childhood Development to verify the information contained in this form, for the purpose of the Continuing Education Program 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.		
Print Name:	Position/Title:	Phone:
Authorization Signature:	Date:	

For applicants **working in Family Home Child Care** please have the agency director/designate complete this page

SECTION 3: FAMILY CHILD CARE AGENCY INFORMATION		
Must be completed by the director or designate of the agency where the applicant is currently employed or approved.		
I. AGENCY INFORMATION		
Name of Agency		
Region of Agency (Eastern, Northern, Central, Western)		
Applicant was employed at this agency:	From (DD/MM/YYYY):	To (DD/MM/YYYY):
Applicant was approved by this agency:	From (DD/MM/YYYY):	To (DD/MM/YYYY):
Job title/position occupied by applicant		
Average number of hours the applicant 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.		
I declare that the information on this form is true and complete in every respect. I give consent to the Department of Education & Early Childhood Development to verify the information contained in this form, for the purpose of the Continuing Education Program. Signing below, I agree to comply with the Terms and Conditions of the Continuing Education Program.		
Print Name:	Position/Title:	Phone:
Authorization Signature:	Date:	

How to Submit Applications for Continuing Education Reimbursement Program

****Please submit the complete and signed application (PDF) with required documentation in one email to ECetraining@novascotia.ca.**

Applications can also be submitted by mail:

Attention: Continuing Education Program
Early Learning and Child Care
Department of Education and Early Childhood Development
PO Box 578
Halifax, NS B3J 2S9

Incomplete applications will not be processed.

- **Applications received by DEECD beyond 60 days of course completion will not be accepted.**
- Program terms and conditions, application form and accumulated hours reporting form can be found on the website <http://www.ednet.ns.ca/earlyyears/pd/ContinuingEducation.shtml>

Privacy Statement: The security and privacy of your personal information is important to us. In accordance with the Nova Scotia Freedom of Information & Protection of Privacy Act, the personal information collected by representatives of the Nova Scotia Department of Education and Early Childhood Development will only be used for the purposes of informing you of future employment opportunities in the province within the field of early childhood education. It will be shared only with your consent or in accordance with applicable legislation and policy.