



Telephone: 416 961-8558
Toll-free: 1 888 961-8558
E-mail: registration@college-ece.ca
Website: college-ece.ca
Postal Mail: See college-ece.ca/about-us/contact-us/

Proof of Professional Standing Form

To complete this form, you must download and save a blank copy to your computer. Close your Internet browser and open the saved copy from your computer files. Now you may print off a hard copy or enter your information electronically. For instructions see college-ece.ca/professional_standing_guide.

IMPORTANT

For applicants:

The applicant must only complete the "Consent to Release Information". Once this has been completed, they must send the entire form to the regulatory/licensing organization with whom they hold or held registration or licensure.

Dear Registrar,

I am applying for registration to practise as an early childhood educator in the province of Ontario. The College of Early Childhood Educators requires verification of my professional registration/licensure with other regulatory bodies or regulatory authorities in any jurisdiction.

Please complete all questions in this form regarding my registration/licensure history with your organization and send it back on my behalf to the College of Early Childhood Educators at:

438 University Avenue, Suite 1900
Toronto ON M5G 2K8
Telephone: 416 961-8558 Toll-free: 1 888 961-8558
E-mail: registration@college-ece.ca

Consent to Release Information

*Only this section should be completed by the applicant

I, _____ authorize
to disclose information about my regulatory/licensing to the College of Early Childhood Educators (the College), including information about my professional conduct that may not generally be available to the public. I understand that information that is provided about me may be included in this form by the noted regulatory/licensing organization and any additional follow up that the College may have with the noted regulatory/licensing organization.

Applicant's signature:

Date:

Date of birth:

For regulatory/licensing organizations:

The regulatory/licensing organization must complete the rest of the form and then send it directly to the College.

- Question #1 is mandatory.
- For questions #2-7 only, please mark "n/a" for any question that does not apply.

Please ensure that you complete the signature and contact fields at the end of the form.

Professional Registration / Licensure History

***This section is to be completed by the regulatory organization official**

1. Has this person ever been licensed or registered to practise a regulated profession with your organization? This question is mandatory.

Yes No

If yes, provide the following information:

- Name of the certificate of registration or licence:
- Dates of registration:
- Current status of registration:

2. Has this person ever been found to be guilty of professional misconduct, incompetence or incapacity by your organization? If yes, please attach copies of relevant orders or decisions. Please answer "n/a" if the question does not apply.

3. Are there or have there been any terms, conditions or limitations imposed on their licence or registration? Is or has the person been subject to any agreements or undertakings? If yes, please provide details regarding the nature of the terms, conditions or limitations, along with the associated dates and reasons for their imposition. Please answer "n/a" if the question does not apply.

Professional Registration / Licensure History cont'd

***This section is to be completed by the regulatory organization official**

4. Has this person ever resigned their membership or registration with your organization while they were the subject of any complaint, investigation or proceeding with respect to concerns about professional misconduct, incompetence or incapacity? If yes, please provide details. Please answer "n/a" if the question does not apply.
5. Is this person currently being investigated for, or currently a subject of a proceeding for, professional misconduct, incompetence or incapacity by your organization? If yes, please provide details. Please answer "n/a" if the question does not apply.
6. Has this person complied with all quality assurance or continuing competence requirements of your organization? If yes, please provide details. Please answer "n/a" if the question does not apply.

Professional Registration / Licensure History cont'd

***This section is to be completed by the regulatory organization official**

7. Is there any reason why this person would not be entitled to be licensed or registered in your jurisdiction at the present time? If yes, please provide details. Please answer "n/a" if the question does not apply.

Date

Signature of Registrar or Designate

Please affix official seal here

Name of Registrar or Designate (Printed)

Name of Regulatory Authority

Address of Regulatory Authority

Telephone Number or E-mail