

## Request for Membership Reinstatement 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.

### Membership Reinstatement Requirements

Use this form if you are a former member whose Certificate of Registration has been cancelled/resigned or suspended.

If you are a former member, you only have a three year window from the date of your cancellation/resignation or suspension to apply to have your membership reinstated. After this period, you must re-apply to become a member of the College.

Complete all sections of this Membership Reinstatement Form and submit it to the College of Early Childhood Educators, along with any supporting documents and the reinstatement fees. For instructions, see [college-ece.ca/reinstatement\\_guide](http://college-ece.ca/reinstatement_guide) for details.

#### Section 1: Confirmation of Former Member's Understanding

Confirm your member understanding by putting a check mark ✓ by each of the 3 statements below.

- ☐ I confirm that all the information contained in this Membership Reinstatement Form and related documents is true.
- ☐ I acknowledge that any false or misleading statement, representation or declaration in or in connection with this Membership Reinstatement Form may be cause for disciplinary action.
- ☐ By checking this box and typing/printing my name I confirm my understanding and agreement to the terms of this Membership Reinstatement Form.

Former member's full name

Date (dd/mm/yy)

#### Section 2: Former Member Information

Last name

First name

Middle name(s)

Date of birth (dd/mm/yy)

Common first name (as it will appear on the College's public register)

Registration number

## Section 2: Former Member Information cont'd

Home address: Street name & number

Unit #

R.R.

P.O. Box

City

Province/Territory/State

Postal Code

Country

Home telephone number (include area code)

Mobile telephone number (include area code)

Preferred e-mail address (please include an e-mail address that is accessed only by you in order to receive communications from the College):

Are you currently: ☐ Employed ☐ Unemployed

If you checked the box to indicate you are employed, please provide the following:

a. Place of employment

Business name

Business address:

Unit #

R.R.

P.O. Box

City

Province/Territory/State

Postal Code

Country

b. Business telephone number (include area code)

c. Business fax number (include area code)

### *Communications from the College*

Preferred mailing address for communications from the College

☐ Home address ☐ Business address

Preferred language of communication from the College: ☐ English ☐ French

### *For statistical purposes only*

I identify as: Female Male

If neither term above applies to you, please check this box.

Optional: I self-identify as:

Indigenous heritage

Francophone

Please indicate if you are:

A recipient of the [ECE Grant Program](#)

A graduate of a Child Development Practitioner (apprenticeship) program

None of the above

### Section 3: Reinstatement Fees

See the [college-ece.ca/reinstatement\\_guide](https://college-ece.ca/reinstatement_guide) to determine the fees you must pay.

Please note the reinstatement fees below. Please check the description and the corresponding fee (in Canadian dollars) that applies to you:

#### Reinstatement Fee

☐ \$90 - I am seeking reinstatement following resignation, suspension or cancellation  
and +  
Annual Fee ☐ \$160

#### Please check the method of payment being submitted:

☐ Cheque / money order / bank draft # made out to the College of Early Childhood Educators  
Cheque / money order / bank draft #: Amount C\$

☐ Online banking through your financial institution (see [college-ece.ca/reinstatement\\_guide](https://college-ece.ca/reinstatement_guide))  
Bank confirmation/reference # Amount C\$  
Date (dd/mm/yyyy)

☐ Visa ☐ Visa Debit ☐ MasterCard

☐ By checking this box and typing/printing my name I authorize the College to charge the credit card below in the amount of C\$

Cardholder's name: (please print as it appears on the credit card):

Card number:

Exp. date (mm/yy):

CVV (Card Verification Value) number – The 3 digit number located on the back of your card:

#### Section 4: Issues Potentially Affecting Practice

You must answer ALL of the questions in this section.

1. Since you were last a member of the College, have you resigned your membership or registration with a regulatory/ licensing organization while you were the subject of a complaint, investigation or proceeding with respect to professional misconduct, incompetence or incapacity in the practice of early childhood education or any other profession (in any jurisdiction)?  
☐ Yes   ☐ No
2. Since you were last a member of the College, have you been found guilty of professional misconduct, incompetence or incapacity in the practice of early childhood education or any other profession (in any jurisdiction)? Please only answer "Yes" if you were found guilty by an organization that is NOT the College of ECE.  
☐ Yes   ☐ No
3. Since you were last a member of the College, to your knowledge, are you being investigated for professional misconduct, incompetence or incapacity, in the practice of early childhood education or any other profession (in any jurisdiction)? Please only answer "Yes" if you are being investigated by an organization that is NOT the College of ECE.  
☐ Yes   ☐ No
4. Since you were last a member of the College, have you been charged and/or found guilty of an offence under the [Controlled Drugs and Substances Act](#) (Canada) or the [Food and Drugs Act](#) (Canada)?  
☐ Yes   ☐ No
5. Since you were last a member of the College, have you been charged and/or found guilty of a criminal offence in Canada or in any jurisdiction outside of Canada?  
☐ Yes   ☐ No
6. Do you have a physical or mental condition or disorder that affects your ability to practise the profession **safely**? Please only answer 'Yes' if you have never disclosed this information to the College, or if you have already disclosed it and this information has substantially changed since you did so.  
☐ Yes   ☐ No
7. Since you were last a member with the College, have you been charged with misconduct, including academic misconduct that resulted in disciplinary actions by the Dean's office (or any equivalent or higher administrative office) while you attended a post-secondary institution?  
☐ Yes   ☐ No
8. Since you were last a member of the College, has a Children's Aid Society or equivalent authority in any jurisdiction **verified allegations or concerns** made against you?  
☐ Yes   ☐ No

#### Section 4: Issues Potentially Affecting Practice cont'd

You must answer ALL of the questions in this section.

9. Since you were last a member of the College, have you had a Director's approval for you to work as a supervisor in an ECE setting **removed**?

☐ Yes ☐ No

10. Since you were last a member of the College, have you held a licence to operate a child care centre under the [Child Care and Early Years Act?](#)

☐ Yes ☐ No

If you answered "Yes" to question 10, answer the following:

- a. Have you been found guilty of an offence under the [Child Care and Early Years Act](#) or are you currently being investigated for an offence under that Act?

☐ Yes ☐ No

- b. Has a Director appointed under the [Child Care and Early Years Act](#) revoked or refused to renew your child care centre licence?

☐ Yes ☐ No

If you answered "Yes" to any of the questions in this section (i.e., Section 4), see [college-ece.ca/reinstatement guide](https://college-ece.ca/reinstatement-guide) for instructions on providing more detailed information and attach additional documents.

### Section 5: Acknowledgement

Confirm your member understanding by putting a check mark ✓ by each of the 5 statements below.

- a) I understand that I must hold a Certificate of Registration in good standing with the College of Early Childhood Educators (the College) in order to practise as an early childhood educator in Ontario.

☐ Yes

- b) I understand that I cannot use the protected titles or designations “early childhood educator” (ECE) or “registered early childhood educator” (RECE) or their French equivalents unless I hold a Certificate of Registration in good standing with the College.

☐ Yes

- c) I understand that the College may require additional information (including supporting documents) in connection with this reinstatement.

☐ Yes

- d) I understand that if there are any changes to the information provided on this Membership Reinstatement Form, including my contact information, I am required to notify the College within 30 days of that change using the [Change of Information Form](#).

☐ Yes

I confirm that I have read and agreed with all of the above conditions and verify all information in this Membership Reinstatement Form is authentic and true.

☐ Yes

### Review and Finalize Your Membership Reinstatement Form

Please review this form and ensure it is complete before submitting with supporting documents (if appropriate). See instructions at [college-ece.ca/reinstatement\\_guide](https://college-ece.ca/reinstatement_guide).