

Certification and Experience Declaration Form

Centre Information:

Name of Centre: _____

Name of Licensee: _____

Region: _____

Employee Information:

Employee Name: _____

AECENL Certification Number: _____

Total Years of Experience Working at a Regulated Centre in an ECE Role: _____

Start Date of First ECE Role (mmm/yyyy): _____

Date of Hire: _____

Classification / Certification

Infant: _____

Preschool: _____

Pre-Kindergarten: _____

School: _____

Employee Declaration:

- ☐ I, the ECE, declare that the information provided by me on this form is true and accurately reflects all aspects of employment during the time period indicated.
- ☐ I understand that additional information may be requested for verification at any time.

Employee Signature

Admin or Licensee Signature

Date Signed

Date Signed