

## 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.

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Employee Signature

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Admin or Licensee Signature

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Date Signed

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Date Signed