RECORD OF ON-GOING TRAINING HOURS

Name _____

Address _____

_____

_____

Expiry Date of Certificate _____

Type of Certificate: Supervisor _____

Program Staff _____ Type II _____

Place of Employment _____

Name of Workshop	day/month/year	# of hours	Authorized Signature
In-service (maximum 10 hours in 3 years)			
Professional Development			

Please return this form to the Child Care Facilities Board, Dept of Education and Early Childhood Development, 161 3 Brighton Road, PO Box 2000, Charlottetown, PE C1A 7N8 Tel: 902-368-6513

PRIVACY STATEMENT

The Department of Education and Early Childhood Development is required to collect personal information from our clients in order to meet the requirements of the Child Care Facilities Act Reg. 36. Section 31(c) of the *Freedom of Information & Protection of Privacy (FOIPP) Act* of Prince Edward Island, and other Acts which govern public bodies on Prince Edward Island, as well as codes of ethical conduct of various professionals working in our department establishes both our legal obligation to protect information and standards for the appropriate collection, use, disclosure of information. Personal information identifies who you are; examples may include your name, family history or personal health number. If you have any questions, please contact Early Childhood Development at (902) 368-6513.