



CCECENS
100-1200 Tower Road
Halifax, NS B3H 4K6

Professional/Personal Development Form:

Date: _____

Name of certified member: _____

Address: _____ Postal Code: _____

Phone (day): _____ Phone (evening): _____

Place of Employment: _____

Please Check:

Practicing member ~ certified member currently working in the field

Non-practicing member ~ certified member not currently working in the field

1. PLEASE LIST WORKSHOPS AND COURSES ATTENDED (receipts and/or letters of attendance must be attached)

2. Please list memberships in early childhood education, organizations and community work done on behalf of children.

3. Please list centres visited on regard to professional development and carefully describe what you learned there and why.

4. Please list professionally related readings, videos, movies, or documentaries read or viewed in this past year.

5. Please list any other professional development activities.

SIGNED: _____

Date: _____



Send to:
Registrar/CCECENS
100-1200 Tower Road
Halifax, NS B3H 4K6