

Continuing Education Program Course Pre-Approval Form

The purpose of this form is to determine if the course is an approved course within the Nova Scotia Department of Community Services Continuing Education Program. By filling in this form the contact person is requesting a decision to determine if this course is approved and does not pre-approve anyone taking the course. When a person completes a course an Application for Course Reimbursement will be required and a review will determine eligibility for reimbursement.

Please complete sections 1 and 2 and send to:

Coordinator, Family Home Day Care & Early Childhood Education Early Childhood Development Services Nova Scotia Department of Community Services P.O. Box 696 Halifax, Nova Scotia B3J 2T7

Section 1 - Course Information

| Name of Course : | | | Course Number : | | | | |
|--|-------------|--|-----------------|--|--|--|--|
| Name of Training In | stitution : | | | | | | |
| If this course is <u>not</u> in Nova Scotia, please explain why you are requesting approval for a course outside the province. | | | | | | | |

| Section 2 – Contact Information | | | | | | | |
|---|-------------|---------------|-------|-------|--|--|--|
| Contact Name : | Email : | Email : | | | | | |
| | | | | | | | |
| Address : | | Telephone : | | | | | |
| Street : | City/Town : | Postal Code : | Home: | Cell: | | | |
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| I, the undersigned, do hereby acknowledge that this form does not pre-approve reimbursement for the course but only to determine if the course is an approved course within the Continuing Education Program. | | | | | | | |
| | | | | | | | |
| Contact Signature | | | | Date | | | |
| | | | | | | | |

| Section 3 - To be completed by the Department of Community Services | | | | | | | |
|---|------------|-----------|------|--|--|--|--|
| Course Approved: | | Yes No | | | | | |
| Coordinator, Early Childhood Education | | | | | | | |
| | | | | | | | |
| Signature | Print Name | | Date | | | | |