



Application for Teacher Certificate (Initial and Upgrade)

Date Received
Teacher Certification

1. Applicant Identification

Social Insurance Number <input type="text"/>	Surname <input type="text"/>	Given Names <input type="text"/>	Initial <input type="text"/>
Previous Name (if applicable) <input type="text"/>			

2. Personal Data

Check one <input type="checkbox"/> Initial Application <input type="checkbox"/> Upgrade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (YY / MM / DD) <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		
No. Street _____ P.O. Box _____		
City _____ Prov. _____ Postal Code _____		
Phone No. (____) _____ - _____ Email _____		

3. Professional Training Data

For **initial** applications: Indicate name of institution and degree / credential you hold

For **upgrading** applications: list institutions from which **new** transcripts will be received

Institution	Degree / Credential
1	
2	
3	
4	
5	

Check Professional Training Completed

<input type="checkbox"/>	Primary
<input type="checkbox"/>	Elementary
<input type="checkbox"/>	Secondary

4. Certification Request

Certificate Level Requested

<input type="checkbox"/>	Licence III
<input type="checkbox"/>	Level IV
<input type="checkbox"/>	Level V
<input type="checkbox"/>	Level VI
<input type="checkbox"/>	Level VII

5. Credit of Teaching Experience

If requesting credit of teaching experience (outside NL) for incremental purposes, list the boards from which you have requested official statements of service. Forms for this purpose are provided by this office and can be found online.

1. _____
2. _____
3. _____
4. _____
5. _____

6. Applicant's Signature

Date _____ SIGNATURE OF APPLICANT _____
 YY / MM / DD

Office Use Only

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="3">Effective Date</th></tr> <tr><td>YY</td><td>MM</td><td>DD</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Effective Date			YY	MM	DD				Certificate Level Awarded <input type="text"/>	Licence Level Awarded <input type="text"/>	Training Type <input type="text"/>
Effective Date												
YY	MM	DD										
	Certificate Type <input type="text"/>	Licence Type <input type="text"/>										
Date _____		Approved By _____										
YY / MM / DD												

SEE REVERSE SIDE FOR INSTRUCTIONS

DOCUMENTATION REQUIRED

**** ALL DOCUMENTS BELOW ARE REQUIRED WITH INITIAL APPLICATIONS.**

***** ONLY DOCUMENTS 2 & 3 ARE REQUIRED WITH UPGRADE APPLICATIONS.**

1. A photocopy of proof of Canadian citizenship, such as a Canadian birth certificate, passport, or Canadian citizenship certificate or card.
2. Official transcripts of all university or college programs, including proof of degrees. Transcripts must be sent directly to this office, at your request, from the university or college attended.
3. Payment of required fee and completion of fee schedule form.
4. Criminal Record Disclosure Form
5. Official original Criminal Record Check and Vulnerable Sector check dated within 6 months.

The following documents are required from teachers who have completed B.Ed. programs from other than Memorial University, or who have been certified and have taught outside Newfoundland and Labrador.

6. A Statement of Professional Competency (i.e. reference letter) from a Superintendent, School Inspector, or School Principal if you have teaching experience.
7. A Statement of Professional Standing, issued by a Department/Ministry of Education or a College of Teachers for each province, state, or country in which you hold or held a valid Teacher's Certificate, stating that you are in good standing and free to accept employment as a teacher.
8. Proof of landed immigrant status or a Work Permit if you were born outside Canada.

FORWARD COMPLETED APPLICATIONS TO:

The Registrar of Teacher Certification
Department of Education
P.O. Box 8700
St. John's, NL
A1B 4J6

For further information call: (709) 729-3020