



TEACHER CERTIFICATION
Department of Education
P.O. Box 8700, St. John's, NL A1B 4J6
Phone: (709) 729-3020, Fax: (709) 729-5026

Fee Schedule

Teacher's Name: _____ S.I.N.: _____

Mailing Address: _____

Postal Code: _____ Phone: _____ E-Mail: _____

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FEES:

Please indicate the service(s) you are requesting and for which you are paying fees:

- Initial Certification for All NEW Applicants \$60.00
- Certification Up-Grading \$50.00
- Duplicate Teacher's Certificate \$25.00
- Statement of Professional Standing \$10.00
- Statement of Teaching Service \$10.00

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MAILING INSTRUCTIONS:

If any of the required documents are to be mailed to an address other than the one listed above, please indicate:

Postal Code: _____

METHOD OF PAYMENT:

Cheque Money Order (Make payable to **Newfoundland Exchequer Account**)

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 Credit Card \$ _____

VISA _____ Expiry _____ Signature _____

MasterCard _____ Expiry _____ Signature _____