



Teacher Certification
Department of Education and Early Childhood Development
P.O. Box 8700, St. John's, NL A1B 4J6
Phone: (709) 729-3020 / Fax: (709) 729-5026

FEE SCHEDULE

Name: _____ S.I.N.: _____

Mailing Address: _____

_____ Postal Code: _____

Phone: _____ E-Mail: _____

FEES:

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

Initial Application*	\$115.00
Upgrade Application*	\$200.00
Copy of Teaching Certificate.....	\$30.00
Statement of Professional Standing.....	\$20.00
Statement of Teaching Service.....	\$10.00

* Fee includes one copy of
the Teaching Certificate

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:

VISA and MasterCard payments can be made online. Visit www.gov.nl.ca/pay-online.html

*Transaction Number (found on online payment receipt): _____

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

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

Signature: _____ Date: _____