



Application for Teaching Certificate

(Initial and Upgrade)

Date Received
Teacher Certification

1. Applicant Identification

Social Insurance Number	Surname	Given Names	Initial
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/>
Previous Name (if applicable)			
<input style="width: 100%; height: 25px;" type="text"/>		<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/>

2. Personal Data

Check one <input type="checkbox"/> Initial Application <input type="checkbox"/> Upgrade Application	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (YY / MM / DD) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Mailing Address		
No. Street _____		P.O. Box _____
City _____		Prov. _____ Postal Code _____
Phone No. (_____) _____ - _____		Email _____

3. Professional Training Data

For **initial** applications: list the institutions from which transcripts will be received. List any degrees/credentials you hold.

For **upgrade** applications: list the institutions from which **new** transcripts will be received, and any new degrees/credentials.

Institution	Degree/ Credential	
1		
2		
3		
4		
5		

Check Professional Training Completed

Primary
 Elementary
 Secondary

4. Certification Request

Certificate Level Requested
Level IV
Level V
Level VI
Level VII

5. Credit of Teaching Experience

If requesting credit of teaching experience for incremental purposes, list the boards from which you have requested official statements of teaching 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	

SEE REVERSE SIDE FOR INSTRUCTIONS

DOCUMENTATION REQUIRED

- ** ALL DOCUMENTS BELOW ARE REQUIRED WITH INITIAL APPLICATIONS.**
***** ONLY DOCUMENTS 2 & 3 ARE REQUIRED WITH UPGRADE APPLICATIONS.**
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1. A photocopy of your Canadian birth certificate. For applicants born outside of Canada, provide evidence of Canadian citizenship, a permanent resident card, or a work permit. For applicants that have changed their name, we will require photocopies of proof of name changes. E.g., a marriage certificate.
2. Official transcripts, sent directly from the institution to this office.

For initial applications: transcripts should be sent from all institutions where you completed studies.

For upgrade applications: transcripts should be sent from all institutions where you completed studies since your last application. If you have completed a new program, we will require a letter from the institution stating that you meet the requirements for the program and the date on which you met them.

3. A completed Fee Schedule and payment of the appropriate fee.
4. The original copy of your completed Confidential Disclosure and Criminal Record Check Form.
5. An original Canadian Criminal Record Vulnerable Sector Checks, dated within 6 months of the application.

The following documents are required from applicants who completed B.Ed. programs at an institution other than Memorial University.

6. Official Statements of Professional Standing from all provinces, territories, states, or countries where you hold/held a teaching certificate, stating that you are in good standing and free to accept employment as a teacher. These statements must be sent directly from the issuing authority to this office.
7. If you have prior teaching experience, a Statement of Professional Competency (i.e. reference letter) from a Superintendent, School Inspector, or School Principal.

FORWARD COMPLETED APPLICATIONS TO:

Teacher Certification
Department of Education and Early Childhood Development
P.O. Box 8700
St. John's, NL
A1B 4J6
For further information call: (709) 729-3020