

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
Email: teachercertification@gov.nl.ca

FEE SCHEDULE

Name: _____ S.I.N.: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ E-Mail: _____

FEES:

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

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Initial Application* _____ | \$115.00 |
| <input type="checkbox"/> | Upgrade Application* _____ | \$200.00 |
| <input type="checkbox"/> | Copy of Teaching Certificate _____ | \$30.00 |
| <input type="checkbox"/> | Statement of Professional Standing _____ | \$20.00 |
| <input type="checkbox"/> | Statement of Teaching Service _____ | \$10.00 |

* Fee includes one copy of
the Teaching Certificate

MAILING INSTRUCTIONS:

- send requested documents to my mailing address as listed above
- send requested documents to the address listed below (please ensure you provide a complete mailing address):

METHOD OF PAYMENT:

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

Once paid, please indicate the Transaction Number found on your online payment receipt: _____

Signature: _____ Today's Date: _____