

**All questions must be answered fully and precisely on BOTH sides of this form. A false declaration or omission may be grounds for the denial, suspension or cancellation of a teaching certificate.**

### A. NAME/IDENTIFICATION

City/Town	Province	Postal Code	Telephone Number
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## B. SELF/DISCLOSURE

- |    |  |     |    |
|----|--|-----|----|
| 1. | Have you ever been denied, or had suspended or cancelled any certificate, permit or licence to teach, whether in Canada or in another country? | Yes | No |
|----|--|-----|----|

Details: \_\_\_\_\_

2. Are you currently charged with any offence under any statute, whether in Canada or in another country? Yes No

Details:

3. Have you been found guilty of any offence under any statute, whether in Canada or in another country? Yes No

If YES: Offence(s): \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Penalty: \_\_\_\_\_

Pardon under Criminal Records Act (Canada): Yes No

### C. UNDERTAKING

I hereby undertake to provide, upon request, official court records as required by the Department of Education.

### D. AUTHORIZATION

1. I hereby grant to the Registrar of Teachers, Department of Education, full authorization to make inquiry from any police authority or other authority, organization or institution with regard to any criminal conviction or charge or any of the other matters referred to in Section B.
2. I further authorize and consent to the release of such details of convictions and outstanding charges by any law enforcement agency or authority to the Registrar of Teachers, Department of Education.

***I certify that the information provided on this form is TRUE and COMPLETE and that NO relevant information has been withheld.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

***\*Please Note: Written or Digital signature only. Electronic signature is not accepted.***

The presence of a record of charges or convictions does not necessarily exclude you from teacher certification. Each case will be reviewed on an individual basis, to determine its relevance to the requirements of the teaching profession.

Complete and return this form together with your Application for Teaching Certificate or Licence to:

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