



Government of Newfoundland and Labrador  
Department of Education

**Teacher Certification**  
**Department of Education**  
**PO Box 8700, St. John's, NL A1B 4J6**  
**Phone: (709) 729-3020 / Fax: (709) 729-5026**  
**Email: [teachercertification@gov.nl.ca](mailto:teachercertification@gov.nl.ca)**

## PAYMENT SCHEDULE

Name: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ 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:

- |                          |                                          |          |
|--------------------------|------------------------------------------|----------|
| <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

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### 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):

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### METHOD OF PAYMENT:

**Debit, VISA, and MasterCard payments must be made online at** <https://onlinepayments.gov.nl.ca/OnlinePayments/GetPaymentType?id=190>

**Upon payment SAVE or PRINT Receipt.** Receipt and Payment Schedule **must** be returned with application.

Please indicate the Transaction Number found on your online payment receipt: \_\_\_\_\_

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