

Teacher
Certification

Social Insurance Number	Surname	Given Names	Initial
	Previous Name (if applicable)		

Check one Initial Application Upgrade Application	Date of Birth (YY / MM / DD)
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No. Street _____ P.O. Box _____
City _____ Prov. _____ Postal Code _____
Phone No. (_____) _____ - _____ Email _____

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	

Certificate Level Requested Level VI Level VII	Have you been authorized to teach in another jurisdiction? If yes, list the province/country below.
	1.
	2.
	3.
	4.
	5.

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1.
2.
3.
4.
5.

Date _____
YY / MM / DD

SIGNATURE OF APPLICANT _____

SEE REVERSE SIDE FOR INSTRUCTIONS

DOCUMENTATION REQUIRED

- **FOR INTIAL CERTIFICATION APPLICATION ONLY**

- 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.
- Official proof of name changes, if applicable (e.g., copy of a marriage certificate)
- A completed Payment Schedule and receipt of payment.
- Confidential Disclosure and Criminal Record Check Form. Handwritten signature is required.
- Original Canadian Criminal Record Check and Vulnerable Sector Check, dated within 6 months of the application.
- Proof of registration as a Speech Language Pathologist under the *Health Professions Act and in good standing*.

- **FOR INTIAL CERTIFICATION AND CERTIFICATE UPGRADE APPLICATION**

- ***Applicants who have completed studies within Canada*** - Official transcripts, sent directly from the academic institution by mail or email. If transcripts do not show conferral of degrees a confirmation letter from the university is also required.
- ***Applicants who have completed studies outside of Canada*** - Apply to World Education Services (WES) <https://www.wes.org/credential-evaluations> for credential and/or language competency assessment. ICAP Reports must be sent directly to Office of Teacher Certification from WES.

**MAIL
COMPLETED
APPLICATION 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