



Application for Professional Teaching Certificate

Personal information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> _____		
First name	Middle name(s)	Last name
Street/PO box	City/town	Territory/province
Postal code	Telephone	Email

Certificate

	Certificate number	Issue date	Expiry date
Interim Professional			

Employment information

<input type="checkbox"/> Kitikmeot School Operations <input type="checkbox"/> Qikiqtani School Operations <input type="checkbox"/> Kivalliq School Operations <input type="checkbox"/> Commission scolaire francophone du Nunavut	
Community	School
Grade	Subject

Verification of teaching experience

It is my opinion that this teacher has successfully completed two academic years of teaching in a classroom.	
Signature of Executive Director, Superintendent of Schools, or returning Principal	Date
It is the educator's responsibility to obtain the signature of their Executive Director, Superintendent of Schools, or Principal	

Professional development (PD)

A PD log indicating 50 hours of professional development must accompany all applications.
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Fee schedule

Processing of application for a Professional Teaching Certificate **\$20**

A cheque or money order made payable to the **Government of Nunavut** must accompany all applications. **The fee is waived if you completed all your training in Nunavut.**

Criminal Record Check/Enhanced Police Reliability Check

You must submit a Criminal Record Check and, if necessary, an Enhanced Police Reliability Check to your **Superintendent of Schools.**

Declaration

I understand that the Minister or his designate may make full enquiry with regard to any criminal conviction and hereby authorize the obtainment of any information from institutions or organizations as may be relevant to full consideration of this application.

I also understand that a false declaration or willful omission may result in the non-issuance, suspension or cancellation of my teaching certificate under the Education Staff Regulations and/or prosecution under the *Criminal Code of Canada.*

I hereby certify that the particulars that have been furnished to the Department of Education are true and complete in all respects and that no relevant information has been withheld. To the best of my knowledge and understanding, the information given is true and correct.

Applicant's signature

Date

Read and follow the submission instructions carefully:

Step 1

Email your completed application and supporting documents (if applicable, and not stipulated that it must be mailed directly from the issuing institution) to TeacherRegistrar@gov.nu.ca

Step 2

If applicable any fees (cheque/money order) and supporting documents that were instructed to be sent directly from the issuing institution is sent to the Registrar's office by registered mail (if possible):

Registrar
Nunavut Educators Certification Service
PO Box 1000, Stn 900
Iqaluit, NU X0A 0H0
Tel. (867) 975-5600 (EST)

Note: Only when the completed document(s) and payment (if applicable) has been received will the Registrar's office begin processing your application. Allow at least 15-30 days for processing to be completed.