

దాింద్రాంగ్రీంద్ Department of Education Ilinniaqtuliqiyikkut Ministère de l'Éducation

D^{c} ለና⊳በ ⊳ e^{b} ኮ d^{c} ሁ d^{c} ሁ d^{c} ሁ d^{c} ሁ d^{c} ሁ d^{c}

Request for Statement of Professional Standing (SOPS)

 $P\sigma'\dot{b}$ = $A''ba\Delta'M'$ =APC=AC'=AC

A Statement of Professional Standing provides information on the status of the previous teaching certificates you held in Nunavut.

$\Delta^{\iota} A^{c} \Gamma^{\iota} \dot{A}^{\omega} ^{\iota} U d^{c}$

Personal information

□ 「「」 □ 「「」 □ 「「」 □ 「「」 □ 「「」 □ 「「」 □ 「「」 □ 「「」 □ 「「」 □ 「「」 □ 「「」 □ 「「」 □ 「「」 「「」	Miss	
⊲∩c First name	≺∩ీర్కర్ (ఈీ) Middle name(s)	⊲∩⊃יׄ ^c Last name
∢∩∩∟⊳垳┟♭⁻(∩⁻) Former name(s)		۵≟°Åʿ (ຝ⁴၎Ⅎ/)(¬ԳРԳ/>-¬Գ) Date of birth (yyyy/mm/dd)
ძზძ∩/∩∩ზხ°ძ&⊲ Street/PO box	ചര [ു] U City/town	>PP%C%DC′」aaċc
בס ^{>} < בם Δ°dĊ Postal code	トもこと ne	Δ°°Ċċ°C⊳Ó° Email

Please send a Statement of Professional Standing on my behalf to

Եጋ՝⊁ዔ∩广ペJ⅃ ϲ Organization & Address	ዻ ^៶ ⊁⊳ጐՐ ^c ⊃ ^c L⊂Ր⊲⊏ ^c Special Instructions

$\Delta^{\circ}ba\Delta^{\circ}A^{\circ}A^{\circ}CA^{\circ}CA^{\circ}C^{\circ}A^{\circ}$

Previous Nunavut teaching certificates held (Provide as much information as possible)

აბინ განინ Type	Δς°σ√ςδ° Certificate numbe	ハトペッしつ。 C.e.b.e.l. 4.e.d.l. Issue date	►>°L C°P°/ <'ĠJ Expiry date

Δ ba Δ ba

Previous employment information (In Nunavut)

		⊳<∾Ն ^ℂ	⊳৯∿ს
۵۳-مروه	ለ⊏ሴ⊲⁰Կ∿Ⴑ	⊳⋖ [∞] ⋅⊌ [∊] ⊂%₽%/⋖ [∊] ĠJ	C₺₽₺/⋖ċJ
School	Role	From	То
		Month/Year	Month/Year

ط4م∘ حد₀₽ہף

Fee schedule

Issuance of Statement of Professional Standing \$20

3 ·
σ?◁°¬∪° ⟨C▷√°Г°:: Select one:
□ ▷◘ ◀ዮኄ ቴժኦፌ⁵ሮች Δለ⊏ናበቴዎችና ለ፫ኒቴጓኦ፫ᡶልዎ∿σና ፴፱୭ቴΓና. Δለ፫፫▷⁵<ቴ ፴፱୭ቴΓ Δ፫∖Δϟቴ∖፴ና Δ፫ቴዎቴ ፴፱୭ቴΓ ለ፫ሮጋችኒናልቴቴና. ⊲ዮ፫ቴጵግናሮጋቴ Վዮኄቴ This fee is waived if you completed all of your training in Nunavut. I completed my teacher education program through Nunavut Arctic College. I will not be submitting the fee.
□ ϤΡ⋵ϭϤ϶϶Ϥ ϤΡϲϧϤϭϷϽϧϥͺ ΔϲͰϪͰϷϭ϶ͳͼ ϫ϶ͼϪϧϤϹͺ϶ͺϤϷϲϧͰͿͼͺϴϤͰϲϷϹͿϧͰͳͼ ΠϹͰͺϗϧͰͿͼ ΠϹͰͺϗϧͰͺ I will pay the fee by credit card. The Teacher Certification Credit Card Payment Form will be included with my application. □ ϤΡ⋵ϭϤ϶ϽϧͰͰϹͿͼͺ ϹϹͿͼͺ ϹͿͼͺ ϹͿͼͺ ϹͿͼͺ ϹͿͼͺ ϹͿͼͺ ϹͿͼͺ
Paphharmoney order has been made payable to the <i>Government of Nunavut</i> and mailed to your office.

つらんよう

Requested by

⊃ŀı	YC*:)、	⊳్స్
Ар	plicant's signature	Date

(חחקיילב-כבלהַ אבי) (must be handwritten)

๑ ๖๐๐ ป๛ <u>TeacherRegistrar@gov.nu.ca</u>
\Box \triangleright \bigcirc
$\Box \ \Delta 1}\Delta \text{+}^c = \Delta 2}\Delta^b d C^b C^$
ᡏ᠙ᡊ᠊ᡆᢓ᠍ᡭᡕ᠙ᢆᡆ᠌ᠫᡷᡟᠺ᠒ᢞ᠒ᡥᢐᡟ᠋ᡈᡭᡟᡆᡟ᠊ᡱ°ᡠᡕ,᠋ᠫᡩᡲᡫᡷᡅᡏᡊ᠊᠘ᢏᢥ᠘ᢐᢏ᠐ᢝ᠘ᢞᠿᢝᢧᢈ᠘ᢏ᠘ᢣ᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘
Registrar, Nunavut Educators' Certification Service PO Box 1000, Station 900 Iqaluit, Nunavut X0A 0H0
PTQF D&TL 6 C, D σ^{6} C Δ^{6} 6a Δ^{5} N-CND σ^{4} S 6 D Δ C 4 C 6 C 4 D 4 D σ^{4} S 6 N 6 A 6 C 6 C 6 A 6 C 6 C 6 A 6 C 6 A 6 C 6 A 6 A 6 C 6 C 6 A 6 A 6 A 6 A 6 C 6 A
ዻ∧ጭძ∩ጐ∖Δና ጋጐረናጭርልና Γጐ፞ኒጔና ጋና፞ጭበናጔህ Þዎ∿し TeacherRegistrar@gov.nu.ca
$P\sigma^b$ c c c d d d d d d d d
Submit the following to TeacherRegistrar@gov.nu.ca
 ☐ this completed application form, ☐ your Teacher Certification Credit Card Payment Form (if applicable)
□ your reactier Certification Credit Card Payment Porm (if applicable)
If you are paying the fee by cheque or money order, it must be made payable to the Government of Nunavut. Mail your cheque/money order to:
Registrar, Nunavut Educators' Certification Service PO Box 1000, Station 900
Iqaluit, Nunavut X0A 0H0
Unless otherwise indicated, your Statement of Professional Standing will be mailed directly to the jurisdiction and a copy will be mailed to you.
Questions regarding your request should be directed to TeacherRegistrar@gov.nu.ca
Statements of Experience must be requested from the HR staff in the K-12 school operations branch in which you were employed (i.e., Kitikmeot School Operations, Kivalliq School Operations, Qikiqtani School Operations, Commission scolaire francophone du Nunavut).