



APPLICATION FOR AN **INTERIM PROFESSIONAL** TEACHING CERTIFICATE AND SALARY EVALUATION

Mail the following to the address provided below.

The following documents are required to obtain an **Interim Professional Teaching Certificate**:

- Completed Application form
- Proof of citizenship (a photocopy of your birth certificate, passport or citizenship certificate)
- A photocopy of legal proof of name change if applicable (i.e.: marriage certificate)
- Confirmation of employment (completion of the attached form or copy of letter of offer)
- Official and complete transcripts (Original sent directly from the institution)
- Current official Statement(s) of Professional Standing
- Verification of teaching experience(s)
- Original** Vulnerable Sector dated within 90 days of received date.
- Fee of \$85 (Credit card payment, cheque or money order payable to the GNWT)

A. **PERSONAL INFORMATION**

1. **Name**

Indicate your full legal name and provide evidence of name change if applicable. The name you entered will be the name that appears on your certificate in the event that you meet the requirements for certification.

2. **Address**

Provide your current mailing address and notify the NWT TQS of any future address changes.

3. **Language Abilities**

Provide details of your language abilities

4. **Citizenship Statement**

Indicate your place and date of birth as reported on your birth certificate and forward a photocopy of your birth certificate or citizenship certificate along with your application.

B. **EMPLOYMENT INFORMATION**

Employing NWT Divisional Education Council (DEC), District Education Authority (DEA) or Community Services Board (CSB)

Supply employment information status to authorize the release of your salary assessment directly to the DEC, DEA or CSB.

C. **EDUCATIONAL INFORMATION**

Official Transcripts:

- You are required to write to the Registrar of each institution you attended requesting that official and complete transcripts be sent directly to the NWT TQS. Institutions do not release documents to a third party without the written consent of the individual.
- Photocopies, facsimiles, university statements of marks or midterm grade reports are not accepted as official documentation.
- A comprehensive transcript from one institution covering study at another institution is not acceptable for evaluation purposes.
- Documents presented in languages other than English or French should be accompanied by an official notarized English or French translation. Should these translations not be provided, you may be required to pay the cost of having them translated.
- All transcripts become the permanent property of NWT TQS and will not normally be released or copied for use by a second party.
- Where courses have been completed in addition to the normal degree/diploma/certificate requirements, you may be requested to provide an official statement from the institution identifying the additional courses before further recognition may be considered for those courses.

D. PROFESSIONAL TEACHER EDUCATION OR PEDAGOGICAL PREPARATION

Provide program details.

E. TEACHER QUALIFICATIONS

Provide information regarding certification by:

- Indicating the Ministry or Department of Education that issued the teaching certificate
- Indicating the number, type and date of your teaching certificate on the application form
- Requesting a current Statement of Professional Standing. This official statement must be sent directly to our office from the Ministry or Department of Education which issued your teaching credential. The statement may be requested from the addresses provided.

F. TEACHING EXPERIENCE

- Provide information regarding experience by indicating your previous employer's name, location, and dates. Dates to be defined in days or years.
- Request from your previous employer a statement confirming your previous teaching experience and forward to the address below.

G. DECLARATION

Sign, date and return the completed application form and relevant documents to the address provided below.

EVALUATION INFORMATION:

Salary evaluations are completed in accordance with the NWTTA Collective Agreements, the Education Act and Regulations, and the NWT Teacher Qualification Service policies.

If dissatisfied with your evaluation, you may request, in writing to the address below, a reassessment by the NWT Teacher Qualification Service (NWTTQS).

Registrar, Teacher Certification
Education, Culture and Employment, Government of the Northwest Territories
3rd floor, Lahm Ridge Tower
4501 50th Avenue
P.O. Box 1320
Yellowknife, NT X1A 2L9
Phone: (867) 767-9353 Ext: 71266 Fax: (867) 873-0199
Email: teacherqualificationsupport@gov.nt.ca



APPLICATION FOR AN INTERIM PROFESSIONAL TEACHING CERTIFICATE AND SALARY EVALUATION

A. PERSONAL INFORMATION

1. Last Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	X <input type="checkbox"/>
Not Declared <input type="checkbox"/>			
First and Middle Name:			
Former Last Name(s) (if applicable)			
2. Address (Street, Box #, Apt #)			
City or Town		Province	
Postal Code		Home Phone #	
Email:			
3. Language Abilities: Language _____		Fluency Level: Spoken _____	
Language _____		Fluency Level: Spoken _____	
Written _____		Written _____	
Date of Birth (YYYY/MM/DD) _____			
Please check one:			
___ I am a Canadian citizen			
___ I have permanent resident status			
___ Visa or Work Permit: Valid until _____			
4. Ethnicity (optional declaration)			
Dene ___ Inuit ___ Métis ___ Southern Indigenous ___ Non-Indigenous			

B. EMPLOYMENT INFORMATION

1. Employing NWT Divisional Education Council/District:			
2. Name of School:		School Phone #	Position #
3. Teaching Assignment(s):		Grade _____	Subject _____
		Grade _____	Subject _____
		Grade _____	Subject _____
		% Time Taught _____	% Time Taught _____
		% Time Taught _____	% Time Taught _____

C. EDUCATION (list all post-secondary institutions attended in chronological order)

Institutions Attended (Name And Location)	Dates Of Attendance (M/Y)	Number Of Years In Which Program Was Completed	Degree/ Diploma/ Certificate Awarded	Date Awarded (M/Y)	Major	Minor	Transcripts Sent Directly From the Institution(s)	
							Yes	No

D. PROFESSIONAL TEACHER EDUCATION OR PEDAGOGICAL PREPARATION

1. Did the training include a formal supervised period of student training? Yes ___ No ___
2. If yes, indicate: Grade level(s) _____ Number of weeks _____
3. Teacher Training: Primary ___ Elementary ___ Junior ___ Senior ___ Vocational ___

E. TEACHER QUALIFICATIONS (Previous teaching authority held. List in chronological order)

MINISTRY OR DEPT OF EDUCATION THAT ISSUED THE CERTIFICATE	CERT #	TYPE OF CERTIFICATE OR LICENSE	DATE		STATEMENT OF PROFESSIONAL STANDING REQUESTED	
			ISSUED	EXPIRED	YES	NO

Have you ever had your certificate or other qualifications to teach suspended, cancelled, or withdrawn? Yes ___ No ___

If yes: When (Month/Year) _____ Where (Province/State) _____

F. TEACHING EXPERIENCE (Proof of previous teaching experience must be provided)

Employer (Name School/Board)	Location (city, town, province/state)	Dates (D/M/Y)		Number of Years/Days
		From	To	

A year of teaching experience consists of:

- 1) Any combination of teaching experience totaling 195 sessional days; or
- 2) A minimum of 150 teaching days in a single school year; or
- 3) An accumulation of prorated part time days which total to the equivalent of 195 full days;

4) A year of teaching as certified by a previous employer.

G. 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 Certification of Teachers Regulations and/or prosecution under the Criminal Code of Canada.

I hereby certify that the particulars that have been furnished on this form 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

FEE SCHEDULE

Review of application for an Interim Teaching Certificate (new applications)	\$85	All applications must be accompanied by a Cheque or money order, made payable to the Government of the Northwest Territories.
--	-------------	--

STATEMENT OF PROFESSIONAL STANDING

You must request that a Statement of Professional Standing, be sent directly to our office from the Ministry/Department of Education that issued your current teaching certificate. You must ask for a *Statement of Professional Standing* and not a statement of scholarship, statement of qualifications, record of standing, record card, qualification card, etc.

The following are the addresses for requesting a “Statement of Professional Standing”:

Alberta Education

Teacher Development & Certification
44 Capital Boulevard
10044 – 108th Street
Edmonton, **AB** T5J 5E6
PH: (780) 427-2045
Fax: (780) 422-4199

Ontario College of Teachers
101 Bloor Street West
Toronto, **ON** M5S 0A1
PH: (416) 961-8800
Fax: (416) 961-8822

BC Ministry of Education
Teacher Regulation Branch
400 – 2025 West Broadway
Vancouver, **BC** V6J 1Z6
PH: (604) 660-6060
Toll Free: 1-800-555-3684
Fax: (604) 775-4859

Office of the Registrar
Certification & Standards Division
Department of Education
Holman Building
#101 250 Water Street
Summer side **PEI** C1N 1B6
PH: (902) 438-4130
Fax: (902) 438-4062

Professional Certification
Box 700
Russell, **MB** R0J 1W0
PH: (204) 773-2998
Fax: (204) 773-2411

Direction de la formation et de la
Titularisation du personnel
enseignant
Ministère de l'Éducation
1035 rue de la Chevrotière
28e étage **Quebec** G1R 5A5
PH: (418) 646-6581
Fax: (418) 643-2149

Teacher Certification
Department of Education
Box 6000
Fredericton, **NB** E3B 5H1
PH: (506) 453-3678
Fax: (506) 444-4761

Saskatchewan Professional
Teachers Regulatory Board
204 – 3775 Pasqua Street
Regina **SK** S4S 6W8
PH: (306) 352-2230
Fax: (306) 352-0022

Registrar
Teacher Certification Division
Department of Education
3rd Fl. Confederation Bldg
West Block, Box 8700
St. John's, **NL** A1B 4J6
PH: (709) 729-3020
Fax: (709) 729-5026

Registrar
Department of Education
Government of the Yukon
P.O. Box 2703
Whitehorse **YT** Y1A 2C6
PH: (867) 667-5141
Fax: (867) 667-5435

Registrar
Teacher Certification Education and
Early Childhood Development
P.O. Box 578
2021 Brunswick Street
Halifax **NS** B3J 2S9
PH: (902) 424-6620
Fax: (902) 424-3814

Nunavut Educators Certification
Service
P.O. Box 1000
Station 900
Iqaluit **NU** X0A 0H0
Tél. : 867 975-5600
Fax : 867-975-5610

CONFIRMATION OF EMPLOYMENT

No person shall be employed as a teacher unless they holds a teaching certificate issued under the NWT Education Act and Regulations. (Exemption: Does not apply to a person employed to teach for not more than 20 consecutive teaching days, an adult educator, a person hired for local programs or a parent of a student instructing the student under a home schooling program).

Employee's Name:	
School	Community
Position Type	Position Number

I wish to confirm that this individual is:	
Currently employed (start date)	_____
Will be employed on (start date)	_____
First day of Remuneration (start date)	_____

Employer's Signature	Date
*Employer's Name	Position Title

Note: **This form must be signed by a Superintendent of an Education Body or a Principal of a school.
* A photocopy of your job offer may be submitted in place of this form**

**Registrar, Teacher Certification
Education, Culture and Employment, Government of the Northwest Territories
3rd floor, Lahm Ridge Tower
4501 50th Avenue
P.O. Box 1320
Yellowknife, NT X1A 2L9
Phone: (867) 767-9353 Ext: 71266 Fax: (867) 873-0199
Email: teacherqualificationsupport@gov.nt.ca**



VERIFICATION OF TEACHING EXPERIENCE (JK - 12)

 Last Name First Name Initial Previous Name (if applicable)

Date of Birth: _____

SCHOOL & DISTRICT IN WHICH THE TEACHING EXPERIENCE WAS COMPLETED:

District: _____ School: _____

Address: _____ Phone #: _____

_____ Fax #: _____

Description of teaching position held: _____

****The following section is to be completed by an authorized official of the school or school board****

Dates taught dd/mm/yy to dd/mm/yy	Status: F/T or P/T (%)	Number of full time days or full time equivalent days taught, including holidays, paid leave, etc.	How many days comprise of a full time teaching year in school or district?

Please verify the following with a check mark:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. A teaching certificate was necessary for employment; | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The employee was under the supervision of a recognized educational authority; | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The employing authority was supported by public funds or was eligible for public funds. | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that the information given is a true and accurate statement of teaching service for the above named teacher.

 Authorized Official (please print and provide a signature)

 Position title

 Telephone #

 Date

Return to:
Registrar, Teacher Certification
Education, Culture and Employment, Government of the Northwest Territories
3rd floor, Lahm Ridge Tower
4501 50th Avenue
P.O. Box 1320
Yellowknife, NT X1A 2L9
Phone: (867) 767-9353 Ext: 71266 Fax: (867) 873-0199
Email: teacherqualificationsupport@gov.nt.ca