



## TEACHER QUALIFICATIONS SERVICE

# APPLICATION FOR TEACHER CERTIFICATION AND SALARY EVALUATION

Mail the following to the address provided below.

Your application will only be processed when the following items have been received by the Registrar:

- Completed application form
- Vulnerable Sector Check (original, less than 3 months old)
- Current official Statement(s) of Professional Standing
- Verification of teaching experience(s)
- Official and complete transcripts
- Birth or citizenship certificate (copy)
- Proof of name change (eg: a marriage certificate) (copy)
- Confirmation of employment
- Fee of \$85 (cheque or money order made 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**
5. **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.

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#### **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 (NWTTS).

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01/02

Mail to:

Registrar, Teacher Certification  
Education, Culture and Employment  
Government of the Northwest Territories  
75 Woodland Drive  
Hay River, NT X0E 1G1

Phone: (867) 874-2084 Fax: (867) 874-3321

Email address: [teacherqualification@gov.nt.ca](mailto:teacherqualification@gov.nt.ca)



#### D. PROFESSIONAL TEACHER EDUCATION OR PEDAGOGICAL PREPARATION

Did the training include a formal supervised period of student training? Yes ____ No ____
If yes, indicate: Grade level(s) _____ Number of weeks _____
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 of 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 academic 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 a interim teaching certificate (new applications)	\$85	All applications must be accompanied by a Cheque or money order, made payable to the <b>Government of the Northwest Territories.</b>
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## 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 *Statement of Professional Standing* is a document used as a Canada-wide notification system between certifying bodies. The statement advises a hiring jurisdiction that a teacher certified in another province has not had their teaching certificate suspended or cancelled for any reason and is in "**GOOD STANDING**".

The following are the addresses for requesting a "*Statement of Professional Standing*":

### Alberta Education

#### Teacher Development & Certification

44 Capital Boulevard

10044 – 108<sup>th</sup> Street

Edmonton, **AB**

T5J 5E6

PH: (780) 427-2045

Fax: (780) 422-4199

#### Teacher Certification

Department of Education

Box 578

Halifax, **NS**

B3J 2S9

PH: (902) 424-6620

Fax: (902) 424-3814

#### Teacher Services

Saskatchewan Ministry of Education

128 – 1621 Albert Street

Regina, **SK**

S4P 2S5

PH: (306) 787-6085

Fax: (306) 787-1003

### 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

#### Registrar

Educators' Certification Service

Department of Education

P.O. Box 390

Arviat, **NU**

X0C 0E0

PH: (867) 857-3081

Fax: (867) 857-3090

#### Registrar

Department of Education

Government of the Yukon

Box 2703

Whitehorse, **YT**

Y1A 2C6

PH: (867) 667-5141

Fax: (867) 667-5435

### Professional Certification

Box 700

Russell, **MB**

R0J 1W0

PH: (204) 773-2998

Fax: (204) 773-2411

### Ontario College of Teachers

101 Bloor Street West

Toronto, **ON**

M5S 0A1

PH: (416) 961-8800

Fax: (416) 961-8822

### Teacher Certification

Department of Education

Box 6000

Fredericton, **NB**

E3B 5H1

PH: (506) 453-3678

Fax: (506) 444-4761

### Office of the Registrar

Certification & Standards Division

Department of Education

Holman Building

Suite 101, 250 Water Street

Summerside, **PEI**

C1N 1B6

PH: (902) 438-4130

Fax: (902) 438-4062

### Registrar

Teacher Certification Division

Department of Education

3<sup>rd</sup> Fl. Confederation Bldg

West Block, Box 8700

St. John's, **NF**

A1B 4J6

PH: (709) 729-3020

Fax: (709) 729-5026

### Direction de la formation et de la

titularisation du personnel enseignant

Ministère de l'Éducation

1035 rue de la Chevrotière

28e étage

Quebec, **PQ**

G1R 5A5

PH: (418) 646-6581

Fax: (418) 643-2149

# CONFIRMATION OF EMPLOYMENT

*No person shall be employed as a teacher unless he or she 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)	_____

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

**Note:** \*This form must be signed by a Superintendent of a Divisional Education Council/ Agency or a Principal of a school.

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Email address: [teacherqualification@gov.nt.ca](mailto:teacherqualification@gov.nt.ca)

# VERIFICATION OF TEACHING EXPERIENCE (K – 12)

\_\_\_\_\_  
 Surname First Name Initial Previous Name (if applicable)

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

## SCHOOL & DISTRICT IN WHICH THE TEACHING EXPERIENCE WAS COMPLETED:

District: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_ Fax No. \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

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 this 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 number

\_\_\_\_\_  
 Date

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