



**TEACHER QUALIFICATIONS SERVICE (TQS)**  
**APPLICATION FOR**  
**TEACHER CERTIFICATION**  
**AND SALARY EVALUATION**

***Your application will be considered complete when the following items have been received by the Registrar, Teacher Certification and Salary Evaluation:***

1. Completed application form
2. The required fee of \$60
3. Birth or citizenship certificate
4. Confirmation of employment
5. Official and complete transcripts
6. Verification of teaching experience
7. A current official Statement of Professional Standing
8. A photocopy of your current Canadian teaching certificate
9. Proof of name change (eg: a marriage certificate)

**A. PERSONAL INFORMATION**

2111300200. 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.
2111300201. Address  
Provide your current mailing address and notify the NWTTQS of any future address changes.
2111300202. Social Insurance Number  
Provide your social insurance number, which will be used for the sole purpose of matching records.
2111300203. Language Abilities  
Provide details of your language abilities
2111300204. 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 NWTTQS 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.
- If applying for reevaluation, you are required to submit only the transcripts of the study completed since the last NWTTQS evaluation.

**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
- Providing a photocopy of your teaching certificate and indicating the number, type and date 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 (NWTQTS).

01/02

Office of the Registrar  
Education, Operations and Development  
Education, Culture and Employment  
Government of the NWT, Box 1320  
Yellowknife, NT X1A 2L9

Phone: (867) 873-7392 Fax: (867) 873-0338  
Email address: joyce\_mclean@gov.nt.ca



**TEACHER QUALIFICATIONS SERVICE (TQS)**  
**APPLICATION FOR**  
**TEACHER CERTIFICATION**  
**AND SALARY EVALUATION**

**A. PERSONAL INFORMATION**

2111300568.	Last Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
First and Middle Name:		
Former Last Name(s) (if applicable)		
2111300569.	Address (Street, Box #, Apt #)	
City or Town		
Postal Code		Home Phone #
2111300570.	Social Insurance #	
2111300571.	Language Abilities: Language _____ Fluency Level: Spoken _____ Written _____ _____ Language _____ Fluency Level: Spoken _____ Written _____	
2111300572.	Citizenship Statement: Place of Birth _____ Date of Birth _____  Please check one: <input type="checkbox"/> I am a Canadian citizen by birth: Dene _____ Inuit _____ Metis _____ Non-Native _____ <input type="checkbox"/> I am a Canadian citizen by naturalization <input type="checkbox"/> I have permanent resident status <input type="checkbox"/> Visa or Work Permit: Valid until _____	

**B. EMPLOYMENT INFORMATION**

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

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

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

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

2111410824.	Did the training include a formal supervised period of student training? Yes ____ No ____
2111410825.	If yes, indicate: Grade level(s) _____ Number of weeks _____
2111410826.	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

If you have not obtained your teaching authority from the jurisdiction where you received your initial teacher preparation, please explain:

---

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:

- any combination of teaching experience totaling 195 sessional days; or
- a minimum of 150 teaching days in a single academic year; or
- an accumulation of prorated part time days which total to the equivalent of 195 full days;

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)	\$60	<i>All applications must be accompanied by a Cheque or money order, made payable to the <b>Government of the Northwest Territories</b>.</i>
---	------	---

## 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

Registrar  
BC College of Teachers  
#400- 2025 West Broadway  
Vancouver, **BC**  
V6J 1Z6  
PH: (604) 731-8170  
Fax: (604) 731-9142

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

Teacher Certification  
Department of Education  
Box 6000  
Fredericton, **NB**

E3B 5H1  
PH: (506) 453-3678  
Fax: (506) 444-4761  
  
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

Teacher Certification  
Department of Education  
Box 578  
Halifax, **NS**  
B3J 2S9  
PH: (902) 424-6620  
Fax: (902) 424-3814

Registrar  
Educators' Certification Service  
Department of Education

P.O. Box 390  
Arviat, **NU**  
X0C 0E0  
PH: (867) 857-3081  
Fax: (867) 857-3090

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

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

Direction de la formation et de la  
titularisation du personnel  
enseignant  
Ministère de l'Éducation  
1035 rue de la Chevrotiere

28e étage  
Quebec, **PQ**  
G1R 5A5  
PH: (418) 646-6581  
Fax: (418) 643-2149

Teacher Services  
Saskatchewan Ministry of Education  
1840 Lorne Street  
Regina, **SK**  
S4P 2L7  
PH: (306) 787-6085  
Fax: (306) 787-1003

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

## 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)	_____
<b>Will be employed on (start date)</b>	

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

**Note: \*This form must be endorsed by a Superintendent, Director/Assistant Director of a Divisional Education Council, or Principal of a school.**

Registrar, Teacher Certification  
Education, Operations & Development  
Education, Culture & Employment  
Yellowknife, NT X1A 2L9  
Phone: (867) 873-7392      Fax: (867) 873-0338

**\*\*\* A photocopy of your job offer may be submitted in place of this form\*\*\***





## 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. \_\_\_\_\_

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:

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| 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 No.

\_\_\_\_\_  
Date

\_\_\_\_\_

*Return to:*  
Registrar, Teacher Certification and Evaluation  
Education, Operations and Development  
Government of the NWT, P.O. Box 1320  
Yellowknife, NT X1A 2L9

CANADA

Tel: 867-873-7392 Fax: 867-873-0338

