

Application for Renewal of Professional Teaching Certificate

This application form is for educators who currently hold a Professional Teaching Certificate.							
Personal information							
☐ Mr. ☐ Mrs. ☐ Ms.		∕liss □			_		
First name		Middle name(s)			Last name		
Former name(s)				Date of birth (yyyy/mm/dd)			
Street/PO box		City/town		Territory/prov		rince	
Postal code		Email					
Certificate							
	Certif	ficate number	Valid date			Expiry date	
Professional							
Employment information							
Community School							
Fee schedule Processing of application fo	r renew	val of a Professional	l Te	aching Certifi	cate \$20		
Select one:							
☐ 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.							
☐ I will pay the fee by credit card. The <i>Teacher Certification Credit Card Payment Form</i> will be included with my application.							
☐ I will pay the fee by cheque or money order. My cheque/money order has been made payable to the <i>Government of Nunavut</i> and mailed to your office.							

Declaration Questions

Please answer yes or no. For every time you answer Yes, please provide a complete explanation that includes the full identification of the registration/licensing authority/organization concerned.

1.	Have you ever applied anywhere for authorization and/or certification to teach and had your application denied?	☐ Yes	□ No
2.	Has your authorization and/or certification to teach ever been suspended or cancelled in any jurisdiction?	□ Yes	□ No
3.	Have you ever — for any reason other than failure to pay fees — voluntarily surrendered your authorization and/or certification to teach?	□ Yes	□ No
4.	Have you ever, in advance of an investigation or disciplinary proceeding, voluntarily restricted your teaching practice?	□ Yes	□ No
5.	Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated in relation to the teaching profession?	☐ Yes	□ No
6.	Has there ever been, or is there now, an investigation or proceeding with respect to your professional conduct, competence, or capacity in relation to the teaching profession, including in your teacher-education program?	□ Yes	□ No
7.	Have any terms, conditions, or limitations ever been placed on your authorization and/or certification to teach in any other jurisdiction?	□ Yes	□ No
8.	Have you ever been asked by a teacher-education-program provider to withdraw from a teacher-education program?	☐ Yes	□ No
9.	Have you ever been subject to disciplinary action for having committed an act of academic dishonesty at the postsecondary education level (e.g., cheating, plagiarism)?	☐ Yes	□ No
10.	Have you ever been personally prevented from carrying on your occupation as a teacher as a result of any criminal, civil or disciplinary proceeding in any jurisdiction?	□ Yes	□ No
11.	Have you ever agreed to a settlement or resignation to avoid a proceeding or disciplinary action with respect to your professional conduct, competence, or capacity, in relation to either a teaching position or your professional certification?	□ Yes	□ No
12.	Have you ever been terminated or had restrictions imposed on your employment as a teacher by an employing school district, education authority, or other organization with respect to your conduct, competence, or capacity?	□ Yes	□ No
13.	Have you ever been subject to an investigation or proceeding relating to working with children or students in capacities other than teaching?	□ Yes	□ No
14.	Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated in relation to another profession?	□ Yes	□ No
15.	Has there ever been, or is there now, an investigation or proceeding in respect of your professional conduct, competence or capacity in relation to another profession?	□ Yes	□ No
Appl	icant's signature	Date	
	Constitution from the West		
	(must be handwritten)		

Criminal Record Declaration

Please answer yes or	r no. For every time yo	ou answer Yes, ple	ease provide a c	omplete explanation	for the offence
that includes the full in	dentification of the po	lice/court authority	concerned.		

1.	Have you ever pled guilty to, been convicted of, given an absolute discharge or conditional discharge from, or received a pardon for a criminal offense?	☐ Yes	□ No	
2.	Have you ever been found guilty of any offence relevant to your suitability to practice the profession?	□ Yes	□ No	
3.	3. Are there any criminal charges pending against you?			
Applicant's signature				
	(must be handwritten)			
Fina	I Declaration			
knov	elare that all information given on this application form is true, correct, and complete to the by viedge. I understand that no assessment can be made until the Government of Nunavut recuments, and that additional information may be required.		quired	
I authorize the Government of Nunavut to contact the educational institutions I have attended and to receive any and all information from those institutions, teacher registration/licensing bodies, and police services that relate to my application. I understand that this information may be used by the Government of Nunavut to determine if an what type of teaching certificate I may be issued.			late to	
I consent to the Government of Nunavut making inquiries and exchanging information with any jurisdiction or teacher certification regulatory authority in relation to the status of my certification including but not limited to ar conditions, suspensions, or cancellations with relation to my teaching certificates.				
appli	ee that if there are any changes to the information I have provided to the Government of Nu cation between the time of the submission of the application and the issuance of a teaching ediately advise the Government of Nunavut and provide the new information.			
I declare that all documentation submitted by me in relation to my application has not been changed or altered in any way.				
or ca	o understand that a false declaration or willful omission may result in the non-issuance, susp incellation of my teaching certificate under the Education Staff Regulations and/or prosecuti Criminal Code of Canada.			
Appl	icant's signature	Date		

(must be handwritten)

You must submit a Criminal Record Check and Vulnerable Sector Screening (CRC/VSS) to your Superintendent of Schools . The HR team at your regional school operations office will confirm to our office that they have received your CRC/VSS and that it is satisfactory. If you are not currently employed in a Nunavut school, scan and email your CRC/VSS to TeacherRegistrar@gov.nu.ca
Submit the following to TeacherRegistrar@gov.nu.ca ☐ this completed application form ☐ a photocopy of your Professional Development Log indicating 120 hours of professional development ☐ your Teacher Certification Credit Card Payment Form (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
You will be contacted within two weeks to confirm that your application has been received. Updates will be provided via email as documents are received.
Questions regarding your application, or the application process, should be directed to TeacherRegistrar@gov.nu.ca