

∆ద°ర√⁵ర⊂∩≯ీd^c Department of Education Ilinniaqtuliqiyikkut Ministère de l'Éducation

Application for Interim Teacher Certification & Salary Evaluation

This application form is for newly hired educators who have not previously held a Nunavut teaching certificate.

Personal information

□ Mr. □ Mrs. □ Ms. □ Miss □					
First name	Middle name(s)	Last name			
Former name(s)		Date of birth (yyyy/mm/dd)			
Street/PO box	City/town	Territory/province			
Postal code	Telephone	Email			
Languages spoken 🛛 Inuktitut	🗆 Inuinnaqtun 🛛 English 🛛	French			
Languages written 🛛 Inuktitut	🗆 Inuinnaqtun 🛛 English 🛛	French			
□ I am a Canadian citizen by birth □ I have permanent resident status					
□ I am a Canadian citizen by naturalization □ Visa or work permit valid until					
A photocopy of your birth certificate and proof of your name change (if applicable) must accompany this application.					

Employment information

 Kitikmeot School Operations Qikiqtani School Operation Commission scolaire francophone du Nunavut 		☐ Kivalliq School Operations
Community	School	

Fee schedule

Processing of application for interim teaching certificate \$60

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.

 $\hfill\square$ I will pay the fee by credit card.

The Teacher Certification Credit Card Payment Form will be included with my application.

 \Box I will pay the fee by cheque or money order.

My cheque/money order has been made payable to the Government of Nunavut and mailed to your office.

Education

List all post-secondary institutions attended in chronological order.

Institution	Province/Country	Program or Degree/Diploma/Certificate Awarded	Date Conferred	# of Years	
Transcripts must be sent directly to our office by each post-secondary institution you have attended.					

Teaching experience

List all teaching experience in chronological order. Do not include teacher practicum.

Employer	Location	Role	From Month/Year	To Month/Year	Total Months/Years
Statements of Experience must be sent directly to our office by each previous employer.					

Teaching Certificates

List all teaching certificates held and identify the province/country that issued the certificate.

Province/Country	Certificate	Issue Date Month/Year	Expiry Date Month/Year
Have you ever had a	teaching certificate or other qualifications to teach suspend	led, cancelled, or	withdrawn?
🗆 No 🛛 Yes – If	yes, please explain:		
If you did not obtain a	a teaching certificate from the jurisdiction where you comple	ted your initial te	acher education
program, please exp			
A Statement of Profess	ional Standing must be sent directly to our office by each jurisdict	on in which you ha	ve held a teaching
certificate.			te nela a teaching

Criminal Record Declaration

Please answer yes or no. For every time you answer Yes, please provide a complete explanation for the offence that includes the full identification of the police/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?		🗆 No
2.	Have you ever been found guilty of any offence relevant to your suitability to practice the profession?	□ Yes	🗆 No
3.	Are there any criminal charges pending against you?	□ Yes	🗆 No
Applicant's signature		Date	
	(must be handwritten)		

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
Applicant's signature			
	(must be handwritten)		

Final Declaration

I declare that all information given on this application form is true, correct, and complete to the best of my knowledge. I understand that no assessment can be made until the Government of Nunavut receives all required documents, and that additional information may be required.

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 and what type of teaching certificate I may be issued.

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 any conditions, suspensions, or cancellations with relation to my teaching certificates.

I agree that if there are any changes to the information I have provided to the Government of Nunavut in this application between the time of the submission of the application and the issuance of a teaching certificate, I will immediately 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.

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 Education Staff Regulations and/or prosecution under the Criminal Code of Canada.

Applicant's signature

Date

(must be handwritten)

Submit the following to TeacherRegistrar@gov.nu.ca

□ this completed application form,

□ the photocopy of your birth certificate,

□ the photocopy of your name change documentation (if applicable), and

□ 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 Igaluit, Nunavut X0A 0H0

Post-secondary institutions, previous employers, and other teacher certification organizations must provide the requested documents directly to our office. They may email them to TeacherRegistrar@gov.nu.ca or they may mail them to our office:

Registrar, Nunavut Educators' Certification Service PO Box 1000, Station 900 Igaluit, 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