ᑲᑐᑎᓗᒍ ᓄᓇᕗᑦ ᐱᕈᖅᐸᓕᐊᑎᓪᓗᒍ
Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

ᐃᓕᓐᓂᐊᕐᓂᓕᕆᔨᒃᑯᑦ
Department of Education
Ilinniaqtuliqiyikkut
Ministère de l'Éducation

ᐱᓇᓱᐊᕈᑎ ᐱᓕᕆᔨᒻᒪᕆᐅᓗᓂ ᐅᕝᕙᓘᓐᓃᑦ ᐊᑐᖅᑕᐅᖃᑦᑕᑐᐃᓐᓇᓱᕐᒥ ᐃᓕᓴᐃᒍᓐᓇᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᐅᒃᐃᓐᓇᖅᑐᒥᒃ

Application for Interim Professional or Standard Teaching Certification

ᐅᓇ ᐱᓇᔫᑎ ᐃᓕᓴᐃᔨᑖᓘᓄᑦ ᓄᓇᕗᒻᒥᑦ ᐃᓕᓴᐃᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᖃᓚᐅᕐᓯᒪ ᖅᕆᑦᑐᓄ ᑕᑕᑎᒋᒐᒃᓴᐅᓂᐊᖅᑐᖅ.
This application form is for newly hired educators who have not previously held a Nunavut teaching certificate.

ᐃᓄᑉ ᑐᑭᓯᒋᐊᕈᑎᖕᒋᑦ
Personal information

☐ ᒥᔅᑐ ☐ ᒥᓯᔅ ☐ ᒥᔅ. ☐ ᒥᔅ ☐ _____ ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ _____		
ᐊᑏᑦ First name	ᐊᑎᒃᑲᓐᓂᑦ(ᓃᒃ) Middle name(s)	ᐊᑎᕈᓲᑦ Last name
ᐊᑎᓇᓚᐅᕐᓯᒪᔭᑦ(ᑎᑦ) Former name(s)		ᐃᓅᖕᓇᑦ (ᐊᕐᕌᒍ/ᑕᖅᑭᖅ/ᐅᓪᓗᖅ) Date of birth (yyyy/mm/dd)
ᐊᖅᑯᑎ/ᑎᑎᖅᑲᒃᑯᕕᐊ Street/PO box	ᓄᓇᖓ City/town	ᐅᑭᐅᖅᑕᖅᑐᒥᑦ/ᓄᓇᓖᑦ ᐊᕕᒃᑐᖅᓯᒪᔪᑦ Territory/province
ᓄᓇᐅᑉ ᓇᓗᓇᐃᒃᑯᑖ Postal code	ᐃᖅᑏᓈᖅᑕᐅᑏᑦ Email	
ᐊᔾᔨᖓ ᐊᒥᓱᓕᐅᖅᓯᒪᔪᖅ ᐃᓅᔪᖅᓯᐅᑏᑦ ᑎᑎᖅᑲᖕᒋᑦ ᐊᒻᒪᓗ ᓇᓗᓇᐃᒃᑯᑎ ᐊᑏᑦ ᐊᓯᔾᔨᖅᓯᒪᓕᕐᓂᖓᓄᑦ (ᐊᓯᔾᔨᖅᓯᒪᒍᓂ) ᐃᓚᓕᐅᔭᐅᓯᒪᔭᕆᐊᓕᒃ ᑖᔅᓱᒧᖓ ᐱᓇᓱᐊᕈᑎᒧᑦ. A photocopy of your birth certificate and proof of your name change (if applicable) must accompany this application.		

ᐃᖅᑲᓇᐃᔾᔭᖓᑕ ᒥᒃᓴᓄᑦ
Employment information

ᓄᓇᓕᒃ Community	ᐃᓕᓐᓂᐊᕐᕕᒃ School

ᐋᖅᑭᒃᓯᒪᓂᖕᒋᑦ ᐊᑭᓕᕆᐊᓖᑦ

Fee schedule

ᐱᓕᕆᐊᖑᓂᖕᒐ ᐱᓇᔫᑎᐅᑉ ᐃᓕᓴᐃᔨᐅᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᐅᓚᐅᑲᒃᑐᒧᑦ **$60**

Processing of application for interim teaching certificate **$60**

ᓂᕈᐊᕐᓗᑎᑦ ᐊᑕᐅᓯᕐᒥᑦ:

☐ ᐅᓇ ᐊᑭᖕᒐ ᖁᔭᓈᖅᑕᐅᔪᖅ ᐃᓱᓕᑦᑎᓐᓂᕈᕕᑦ ᐃᓕᓐᓂᐊᖅᑕᓕᒫᕐᓂ ᓄᓇᕗᒻᒥ.

ᐃᓱᓕᓚᐅᖅᐸᒃᑲ ᐃᓕᓴᐃᔨᒃᓴᓄᑦ ᐃᓕᓐᓂᐊᖅᑕᒃᑲ ᓄᓇᕗᒻᒥ ᓯᓚᑦᑐᖅᓴᕐᕕᑎᒍᑦ. ᐊᑭᓖᔾᔭᙱᑦᑐᖕᒐ ᐊᑭᓕᕆᐊᓕᖕᒐᓂ.

☐ ᐊᐅᒃᑕᔫᒧᑦ ᐊᑭᓕᕆᐊᓕᒃ ᐊᑭᓕᕐᓂᐊᖅᑕᕋ.

ᐃᓕᓴᐃᔨᐅᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᕐᒧᑦ ᐊᐅᒃᑕᔫᒧᑦ ᐊᑭᓕᐅᑎᒃᓴᒧᑦ ᑎᑎᕋᕐᕕᒃᓴᖕᒐ ᐃᓚᓕᐅᑎᓯᒪᓂᐊᖅᑐᖅ ᐱᓇᔫᑎᖕᓂᑦ.

☐ ᑮᓇᐅᔭᒃᓴᓕᐅᕐᓗᖕᒐ ᑎᑎᖅᑲᒃᑯᕕᒃᑯᓪᓘᓐᓃᑦ ᐊᑭᓖᓂᐊᖅᑐᖕᒐ ᐊᑭᓕᕆᐊᓕᖕᒥᑦ.

ᑮᓇᐅᔭᒃᓴᖅ/ᑎᑎᖅᑲᒃᑯᕕᒃᑯᑦ ᐊᑭᓕᐅᑎᒐ ᓇᒃᓯᐅᑎᓯᒪᓕᖅᑕᕋ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᓐᓄᑦ ᓇᒃᓯᐅᑎᓪᓗᒍᓗ ᑎᑎᕋᕐᕕᔅᓯᓐᓄᑦ.

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 *Teacher Certification Credit Card Payment Form* 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 *Government of Nunavut* and mailed to your office.

ᐃᓕᓐᓂᐊᕐᓂᓕᕆᔨᒃᑯᑦ
Education

ᑎᑎᖅᑕᐃᓐᓇᕆᓗᒋᑦ ᓯᓚᑦᑐᖅᓴᕐᕕᑦ ᐃᓕᓐᓂᐊᕐᕕᒋᖃᑕᐅᓯᒪᔭᓕᒫᑎᑦ ᑭᖑᓕᕆᔨᒃᓗᒋᑦ.

List all post-secondary institutions attended in chronological order.

ᐃᓕᓐᓂᐊᕐᕕᒃ Institution	ᑲᓇᑕᒥ ᐊᕕᒃᑐᖅᓯᒪᔪᓂᑦ/ ᑲᓇᑕᐅᑉ ᓯᓚᑖᓂ Province/Country	ᐱᓕᕆᐊᖑᔪᖅ ᐅᕝᕙᓘᓐᓃᑦ ᐱᔭᕇᕈᓯᐊᖅ/ ᐃᓕᓐᓂᐊᕋᓂᒍᓯᐊᖅ/ ᓇᓗᓇᐃᒃᑯᑕᕐᒧᑦ ᑐᓐᓂᖅᑯᓯᐊᑦ Program or Degree/Diploma/Certificate Awarded	ᓇᓗᓇᐃᕐᕕᒋ ᔭᖓ ᐅᓪᓗᖅ Date Conferred	ᐊᕐᕌᒍᑦ ᖃᔅᓯᐅᓂᖏᑦ # of Years

ᑎᑎᖃᑦ ᓇᒃᓯᐅᑎᔭᕆᐊᓖᑦ ᑎᑎᕋᕐᕕᑦᑎᓐᓄᑦ ᐃᓕᓐᓂᐊᕆᐊᕐᕕᒋᓯᒪᓚᐅᖅᓯᒪᔭᕐᓂᑦ.

Transcripts must be sent directly to our office by each post-secondary institution you have attended.

ᐃᓕᓴᐃᔨᐅᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᑦ
Teaching experience

ᑎᑎᕋᕐᓗᒋᑦ ᐃᓕᓴᐃᔨᐅᖃᑦᑕᖅᓯᒪᓃᑦ ᑭᖑᓕᕆᔨᒃᓗᒋᑦ. ᐃᓚᓕᐅᑎᑦᑕᐃᓕᓗᒍ ᐃᓕᓴᐃᔨᐅᓂᕐᒧᑦ ᐱᓕᒻᒪᒃᓴᕐᓂᕆᓚᐅᖅᑕᐃᑦ ᐃᓕᓐᓂᐊᖅᑎᓪᓗᑎᑦ.

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

ᐃᖅᑲᓇᐃᔭᕐᕕᒃ Employer	ᓇᓂ Location	ᐱᓕᕆᐊᒃᓴᖓ Role	ᐅᕙᖕᒐᑦ From ᑕᖅᑭᖅ/ᐊᕐᕌᒍ Month/Year	ᐅᕗᖓ To ᑕᖅᑭᖅ/ᐊᕐᕌᒍ Month/Year	ᑲᑎᕝᕗᒋᑦ Total ᑕᖅᑮᑦ/ᐊᕐᕌᒍᑦ Months/Years

ᐱᓕᕆᐊᖃᑦᑕᖅᓯᒪᔭᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᓇᒃᓯᐅᑎᔭᐅᔭᕆᐊᓖᑦ ᑎᑎᕋᕐᕕᑦᑎᓐᓄᑦ ᐊᑐᓂ ᐃᖅᑲᓇᐃᔭᕐᕕᒋᓚᐅᖅᑕᑎᑦ.

Statements of Experience must be sent directly to our office by each previous employer.

ᐃᓕᓴᐃᔨᐅᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᑦ
Teaching Certificates

ᑎᑎᕋᖅᑕᐃᓐᓇᕆᓗᒋᑦ ᐃᓕᓴᐃᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᖅᑖᑎᑦ ᓇᓗᓇᐃᕐᓗᒋᓪᓗ ᑲᓇᑕᒥ ᐊᕕᒃᑐᖅᓯᒪᔪᑦ/ᑲᓇᑕᐅᑉ ᓯᓚᑖᓂ ᓇᓗᓇᐃᒃᑯᑕᐅᑉ ᑎᑎᕋᖅᑕᐅᓂᖓ.

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

ᑲᓇᑕᒥ ᐊᕕᒃᑐᖅᓯᒪᔪᓂᑦ/ ᑲᓇᑕᐅᑉ ᓯᓚᑖᓂ Province/Country	ᐃᓕᑕᕆᔭᐅᔾᔪᑎ Certificate	ᑐᓂᔭᐅᕕᖓᑕ ᐅᓪᓗᖓ Issue Date ᑕᖅᑭᖅ/ᐊᕐᕌᒍ Month/Year	ᐃᓱᓕᕝᕕᑦᓴᖓᑕ ᐅᓪᓗᖓ Expiry Date ᑕᖅᑭᖅ/ᐊᕐᕌᒍ Month/Year

ᐃᓕᓴᐃᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᕐᓂᑦ ᐊᓯᖏᓐᓂᓪᓘᓐᓃᑦ ᐊᔪᙱᓐᓂᕆᔭᕐᓂᑦ ᐃᓕᓴᐃᓂᕐᒧᑦ ᓄᖅᑲᖓᑎᑕᐅᓚᐅᑲᓚᐅᖅᐸ, ᓄᖅᑲᖅᑎᑕᐅᓪᓗᓂ, ᐅᕝᕙᓘᓐᓃᑦ ᕐᑯᔭᓈᕐᑕᐅᓚᐅᖅᓯᒪᒍᓂ?

Have you ever had a teaching certificate or other qualifications to teach suspended, cancelled, or withdrawn?

☐ ᐊᒃᑲ ☐ ᐊ – ᐊᖏᕈᕕᑦ, ᓇᓗᓇᐃᕐᓗᒍ:

☐ No ☐ Yes – If yes, please explain:

ᐃᓕᓴᐃᔨᐅᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᖃᙱᒃᑯᕕᑦ ᐱᔪᓐᓇᕐᓂᖃᕐᕕᐅᔪᒥᑦ ᐃᓱᓕᑦᑎᕝᕕᒋᓚᐅᖅᑕᕐᓂᑦ ᐃᓕᓴᐃᔨᒃᓴᐅᓂᕐᒧᑦ ᐃᓕᓐᓂᐊᖅᑕᕐᓂᑦ, ᐅᖃᐅᓯᕆᒃᑭᑦ:

If you did not obtain a teaching certificate from the jurisdiction where you completed your initial teacher education program, please explain:

ᑎᑎᕋᖅᓯᒪᔪᒥᑦ ᐃᓕᓴᐃᔨᐅᓂᖓ ᓄᖅᑲᖅᑎᑕᐅᓚᐅᙱᓐᓂᕋᐃᔪᒥᒃ ᓇᒃᓯᐅᑎᔭᕆᐊᓕᒃ ᑎᑎᕋᕐᕕᑦᑎᓐᓄᑦ ᐊᑐᓂ ᐱᔪᓐᓇᕐᓂᖃᕐᕕᐅᔪᓂᑦ ᐃᓕᓴᐃᔨᐅᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᖃᕐᕕᒋᓚᐅᕐᑕᕐᓄᑦ.

A Statement of Professional Standing must be sent directly to our office by each jurisdiction in which you have held a teaching certificate.

ᐱᕋᔭᖕᓂᑯᓄᑦ ᓱᓕᓂᕋᕈᑎᑦ
Criminal Record Declaration

ᑭᐅᕙᒡᓗᑎᑦ ᐃ ᐊᒃᑲᓘᓐᓃᑦ. ᐊᕐᕋᑐᐊᕋᖓᕕᑦ ᐃᓗᐃᑦᑐᒥ ᓇᓗᓇᐃᔭᐃᕙᒡᓗᑎᒃ ᐱᕋᔭᖕᓂᑯᐃ ᐃᓚᖃᕐᑐᒥᑦ ᓇᓗᓇᐃᒃᑯᑕᓕᒫᖓᓂ ᐸᓖᓯᒃᑯᑦ/ᐃᖅᑲᖅᑐᐃᕕᒃ ᐃᓚᐅᔪᑦ.

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.	ᐸᓯᔭᒃᓴᐅᓂᕋᓚᐅᕐᓯᒪᕕᑦ, ᐸᓯᔭᐅᓚᕐᓯᒪᕕᑦ, ᐱᕋᔭᖕᓂᖅᑖᖅᑎᑕᐅᓚᐅᖏᓪᓗᑎᑦ ᒪᓕᒐᒃᓴᖃᖅᑐᓂ ᐊᓂᑎᑕᐅᓯᒪᕕᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᓴᓂᕐᕙᐃᔭᐅᓯᒪᕕᓪᓘᓐᓃᑦ ᐱᕋᔭᖕᓂᖕᒧᑦ?	☐ ᐃ Yes ☐ ᐊᒃᑲ No
	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?	
2.	ᐸᓯᔭᐅᓚᐅᕐᓯᒪᕕᑦ ᖃᓄᐃᑦᑐᐃᓐᓇᓂᑦ ᐱᕋᔭᖕᓂᖕᓂᑦ ᐊᒃᑐᐊᓪᓗᓂ ᐱᓕᕆᐊᒻᒪᕆᖕᓄᑦ?	☐ ᐃ Yes ☐ ᐊᒃᑲ No
	Have you ever been found guilty of any offence relevant to your suitability to practice the profession?	
3.	ᐱᕋᔭᖕᓂᖕᒧᑦ ᐃᖅᑲᖅᑐᒐᒃᓴᐅᑎᑕᐅᕕᑦ?	☐ ᐃ Yes ☐ ᐊᒃᑲ No
	Are there any criminal charges pending against you?	

ᑐᒃᓯᕋᖅᑑᑉ ᐊᑎᓕᐅᕈᓯᐊ Applicant's signature (ᑎᑎᕋᖅᓯᒪᓪᓚᑦᑖᕆᐊᓕᒃ) (must be handwritten)	ᐅᓪᓗᖅ Date

ᓱᓕᓂᕋᕐᓂᖕᒧᑦ ᐊᐱᖅᑯᑎᑦ

Declaration Questions

ᑭᐅᕙᒡᓗᑎᑦ ᐃ ᐊᒃᑲᓘᓐᓃᑦ. ᐊᕐᕋᑐᐊᕋᖓᕕᑦ, ᐃᓗᐃᑦᑐᒥ ᓇᓗᓇᐃᔭᐃᕙᒡᓗᑎᒃ ᐃᓚᖃᕐᑐᒥᑦ ᐊᑎᓕᐅᕐᑕᐅᓂᖕᓂᑦ/ᐱᔪᓐᓇᐅᑎᖃᕐᑎᑦᑎᔨᑦ/ᑲᑐᔾᔨᖃᑎᒌᑦ.

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.	ᐱᓇᔪᓚᐅᕐᓯᒪᕕᑦ ᓇᒧᑐᐃᓐᓇᖅ ᐊᔪᙱᓐᓂᖕᒧᑦ ᐊᒻᒪᓗ/ᐅᕝᕙᓗᓃᑦ ᓇᓗᓇᐃᒃᑯᑕᒥᓪᓘᓐᓃ ᐃᓕᓴᐃᓂᐊᕐᓗᑎᑦ ᐱᓇᔫᑏᓪᓗ ᕿᐱᓗᒃᑕᐅᓗᓂ?	☐ ᐃ Yes ☐ ᐊᒃᑲ No
	Have you ever applied anywhere for authorization and/or certification to teach and had your application denied?	
2.	ᐊᔪᙱᓐᓂᖕᒧᑦ ᐊᒻᒪᓗ/ᐅᕝᕙᓗᓃᑦ ᓇᓗᓇᐃᒃᑯᑕᐃᑦ ᐃᓕᓴᐃᓂᖕᒧᑦ ᓄᖅᑲᖕᒫᖅᑎᑕᐅᑲᐃᓐᓇᓚᐅᕐᓯᒪᕙ ᓄᖅᑲᖅᑎᑕᐅᑦᑎᐊᒻᒪᕆᒃᓱᓂᓘᓐᓃᑦ ᓇᒥᑐᐃᓐᓇᖅ ᐱᔪᓐᓇᕐᓂᖃᕐᕕᐅᔪᒥᑦ?	☐ ᐃ Yes ☐ ᐊᒃᑲ No
	Has your authorization and/or certification to teach ever been suspended or cancelled in any jurisdiction?	
3.	ᐃᒡᕕᑦ — ᑭᓯᒧᑐᐃᓐᓇᖅ ᐱᔾᔪᑎᒧᑦ ᐊᓯᖕᒐᓂᑦ ᐊᑭᓖᑦᑕᐃᓕᓂᖕᒧᑦ ᐊᑭᓕᕆᐊᓕᖕᓂᑦ — ᑐᓂᑐᐃᓐᓇᓚᐅᕐᓯᒪᕕᐅᒃ ᐊᔪᙱᓐᓂᕐᒧᑦ ᐊᒻᒪᓗ/ᐅᕝᕙᓗᓃᑦ ᓇᓗᓇᐃᒃᑯᑕᐃᑦ ᐃᓕᓴᐃᓂᖕᒧᑦ?	☐ ᐃ Yes ☐ ᐊᒃᑲ No
	Have you ever — for any reason other than failure to pay fees — voluntarily surrendered your authorization and/or certification to teach?	
4.	ᐃᒡᕕᑦ, ᓯᕗᑖᓂ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᖅᑳᕐᓇᖅ ᐃᓂᕐᑎᖅᑕᐅᓚᐅᖅᑳᕐᓇᕐᓗᓐᓃᑦ, ᓄᖅᑲᖅᑎᓯᒪᕕᐅᒃ ᐃᒻᒥᓂ ᐃᓕᓴᐃᔪᓐᓇᕐᓃᑦ?	☐ ᐃ Yes ☐ ᐊᒃᑲ No
	Have you ever, in advance of an investigation or disciplinary proceeding, voluntarily restricted your teaching practice?	
5.	ᐸᓯᔭᐅᓚᐅᕐᓯᒪᔪᑦ ᐱᓕᕆᔨᒻᒪᕆᒃᑐᑦ ᐱᓂᕐᓗᖕᓂᖕᒥᑦ ᖃᐅᔨᔭᐅᓚᐅᕐᓯᒪᕕᓪᓘᓐᓃᑦ ᐊᔪᓗᐊᕐᑐᑎᑦ ᐊᔪᓕᕐᑎᑕᐅᓗᑎᓪᓘᓐᓃᑦ ᐃᓕᓴᐃᓂᖕᒧᑦ?	☐ ᐃ Yes ☐ ᐊᒃᑲ No

	Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated in relation to the teaching profession?		
6.	ᖃᖓᓂᑦ, ᒫᓐᓇᓘᓐᓃᑦ, ᖃᐅᔨᓴᖅᑕᐅᕙ ᐱᓕᕆᐊᖑᕙ ᐱᓕᕆᔨᒻᒪᕆᐅᓂᒃᑯᑦ ᖃᓄᐃᓕᐅᕐᑕᕕᓂᖕᓂᑦ, ᐊᔪᙱᓐᓂᕆᔭᑦ, ᐱᓕᕆᔪᓐᓇᖕᓂᕆᔭᖕᓂᓪᓘᓐ ᐃᓕᓴᐃᓂᖕᒧᑦ, ᐃᓚᐅᓪᓗᓂ ᐃᓕᓴᐃᔨᙳᕋᓱᖕᓂᖕᒧᑦ ᐃᓕᓐᓂᐊᕐᑎᓪᓗᑎᑦ? 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?	☐ ᐃ Yes	☐ ᐊᒃᑲ No
7.	ᐊᑐᕆᐊᖃᕐᑎᑕᐅᓚᐅᕐᓯᒪᕕᑦ ᒪᓕᒋᐊᓕᖕᓂᑦ, ᖃᓄᐃᓕᐅᕆᐊᓕᖕᓂᑦ, ᑭᒡᓕᖃᖅᑎᑕᐅᓚᐅᓗᓂ ᐊᔪᙱᓐᓂᕐᒧᑦ ᐊᒻᒪᓗ/ᐅᕝᕙᓗᓃᑦ ᓇᓗᓇᐃᒃᑯᑕᐃᑦ ᐃᓕᓴᐃᓂᖕᒧᑦ ᐊᓯᐊᓂᑦ ᐱᔪᓐᓇᕐᓂᖃᕐᕕᐅᔪᒥᑦ? Have any terms, conditions, or limitations ever been placed on your authorization and/or certification to teach in any other jurisdiction?	☐ ᐃ Yes	☐ ᐊᒃᑲ No
8.	ᓄᖅᑲᕐᑯᔭᐅᓚᐅᕐᓯᒪᕕᑦ ᐃᓕᓴᐃᔨᒃᓴᐅᓂᖕᒧᑦ ᐃᓕᓐᓂᐊᕐᑎᓪᓗᑎ ᐃᓕᓴᐃᔨᐅᔪᒧᑦ? Have you ever been asked by a teacher-education-program provider to withdraw from a teacher-education program?	☐ ᐃ Yes	☐ ᐊᒃᑲ No

Uuktuqtup Sainirvia Applicant's signature (titirattiaqhimajukhaq ilingnik) (must be handwritten)	ᐅᓪᓗᖅ Date

ᓱᓕᓂᕋᕐᓂᖕᒧᑦ ᐊᐱᖅᑯᑎᑦ

Declaration Questions

ᑭᐅᕙᒡᓗᑎᑦ ᐃ ᐊᒃᑲᓘᓐᓃᑦ. ᐊᖏᑐᐊᕋᖕᒐᕕᑦ, ᐃᓗᐃᑦᑐᒥ ᓇᓗᓇᐃᔭᐃᕙᒡᓗᑎᒃ ᐃᓚᖃᕐᑐᒥᑦ ᐊᑎᓕᐅᕐᑕᐅᓂᖕᓂᑦ/ᐱᔪᓐᓇᐅᑎᖃᕐᑎᑦᑎᔨᑦ/ᑲᑐᔾᔨᖃᑎᒌᑦ.

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.

9.	ᐃᓂᕐᑎᑦᑕᐅᓚᐅᕐᓯᒪᕕᑦ ᖃᓄᐃᓕᐅᕐᑕᖕᓄᑦ ᐃᓕᓐᓂᐊᕐᑎᓪᓗᑎᑦ ᓱᓕᙱᓪᓗᑎᑦ ᐃᓕᓐᓂᐊᒃᑲᓐᓂᕐᑎᓪᓗᑎᑦ (ᒨᓲᕐᓗ ᐱᕋᔭᖕᓂᖅ, ᐊᖅᓵᕐᓯᓂᖅ ᐊᓯᒥ ᐱᓕᕆᐊᖑᓂ)? 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)?	☐ ᐃ Yes	☐ ᐊᒃᑲ No
10.	ᐃᓕᓴᐃᕐᑯᔭᐅᓚᐅᕐᓯᒪᙱᓕᒋᑦ ᐱᕋᔭᖕᓂᖕᒧᑦ, ᐃᓅᖃᑎᒧᑦ ᐃᓂᕐᑎᑦᑕᐅᓗᑎᓘᓐᓃᑦ ᓇᒥᑐᐃᓐᓇᖅ ᐱᔪᓐᓇᕐᓂᖃᕐᕕᐅᔪᒥᑦ? 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?	☐ ᐃ Yes	☐ ᐊᒃᑲ No
11.	ᐊᖏᕈᑎᖃᓚᐅᕐᓯᒪᕕᑦ ᐊᑭᓕᕐᑕᐅᓂᐊᕐᓗᑎᑦ ᓄᖅᑲᕐᑯᔭᐅᑎᓪᓗᑎᓪᓘᓐᓃᑦ ᖃᐅᔨᓇᓱᐊᖅᑕᐅᔪᒪᓇᒃ ᐃᓂᕐᑎᑦᑕᐅᔪᒪᓇᒡᓘᓐᓃᑦ ᐱᓕᕆᔨᒻᒪᕆᒃᑐᑦ ᐱᓕᕆᐊᖃᖅᑎᓪᓗᑦ, ᐊᔪᙱᓐᓂᕆᔭᖕᓄᑦ ᐃᓕᓐᓂᐊᕐᑎᑦᑎᔪᓐᓇᕐᓂᖕᓄᓪᓗ, ᐃᓕᓴᐃᔨᐅᑎᓪᓗᑎᑦ ᐱᓕᕆᔨᒻᒪᕆᐅᓂᖕᒧᓪᓘᓐᓃᑦ ᓇᓗᓇᐃᒃᑯᑕᒥᑦ? 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?	☐ ᐃ Yes	☐ ᐊᒃᑲ No
12.	ᓄᖅᑲᖅᑎᑕᐅᓚᐅᕐᓯᒪᕕᑦ ᖃᓄᐃᓕᐅᕆᐊᖃᖅᑎᑕᐅᙱᓪᓗᑎᓪᓘᓐᓃᑦ ᐃᖅᑲᓇᐃᔭᕐᓗᑎᑦ ᐃᓕᓴᐃᔨᑎᑐᑦ ᐃᖅᑲᓇᐃᔭᕐᕕᒋᔭᖕᓂᑦ ᐃᓕᓐᓂᐊᕐᑐᓕᕆᔨᒃᑯᓐᓂᑦ, ᐃᓕᓐᓂᐊᕐᓂᖕᒧᑦ ᐱᔪᓐᓇᖕᓂᓕᖕᓂᑦ ᐊᓯᖏᓐᓄᓪᓘᓐᓃᑦ ᐱᔾᔪᑎᒋᓪᓗᒍ ᖃᓄᐃᓕᐅᕐᓂᕆᔭᑦ, ᐊᔪᙱᓐᓂᕆᔭᑦ, ᐃᓕᓴᐃᔪᓐᓇᖕᓂᕆᔭᖕᓂᓪᓘᓐᓃᑦ? Have you ever been terminated or had restrictions imposed on your employment as a	☐ ᐃ Yes	☐ ᐊᒃᑲ No

	teacher by an employing school district, education authority, or other organization with respect to your conduct, competence, or capacity?	
13.	ᖃᐅᔨᓴᖅᑕᐅᓚᐅᕐᓯᒪᕕᑦ ᖃᐅᔨᓇᓱᒃᑕᐅᓚᐅᕐᓯᒪᕕᓪᓗᓐᓃᑦ ᐃᖅᑲᓇᐃᔭᕐᑎᓪᓗᑎᑦ ᓄᑕᕋᖕᓂᑦ ᐃᓕᓐᓂᐊᕐᑎᓂᓪᓗᓐᓃᑦ ᐊᓯᖏᑎᒍᑦ ᐃᓕᓴᐃᓂᖕᓂᑦ? Have you ever been subject to an investigation or proceeding relating to working with children or students in capacities other than teaching?	☐ ᐃ Yes ☐ ᐊᒃᑲ No
14.	ᐸᓯᔭᐅᓚᐅᕐᓯᒪᔪᑦ ᐱᓕᕆᔨᒻᒪᕆᒃᑐᑦ ᐱᓂᕐᓗᖕᓂᖏᑦ ᖃᐅᔨᔭᐅᓚᐅᕐᓯᒪᕕᓪᓗᓐᓃᑦ ᐊᔪᓗᐊᕐᑐᑎᑦ ᐊᔪᓕᕐᑎᑕᐅᓗᑎᓪᓗᓐᓃᑦ ᐊᓯᐊᓄᑦ ᐱᓕᕆᐊᕆᒻᒪᕆᐅᓂᕆᓚᐅᕐᑕᖕᓄᑦ? Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated in relation to another profession?	☐ ᐃ Yes ☐ ᐊᒃᑲ No
15.	ᖃᖓᓂᑦ, ᒫᓐᓇᓗᓐᓃᑦ, ᖃᐅᔨᓴᖅᑕᐅᕙ ᐱᓕᕆᐊᖑᕙ ᐱᓕᕆᔨᒻᒪᕆᐅᓂᒃᑯᑦ ᖃᓄᐃᓕᐅᕐᑕᕕᓂᖕᓂᑦ, ᐊᔪᙱᓐᓂᕆᔭᑦ, ᐱᓕᕆᔪᓐᓇᖕᓂᕆᔭᖕᓂᓪᓗᓐ ᐊᓯᐊᓄᑦ ᐱᓕᕆᔨᒻᒪᕿᐅᓂᕆᓚᐅᕐᑕᖕᓄᑦ? 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?	☐ ᐃ Yes ☐ ᐊᒃᑲ No

ᑐᒃᓯᕋᖅᑑᑉ ᐊᑎᓕᐅᕈᓯᐊ Applicant's signature (ᑎᑎᕋᖅᓯᒪᓪᓚᑦᑖᕆᐊᓕᒃ) (must be handwritten)	ᐅᓪᓗᖅ Date

ᑭᖑᓪᓕᖅᐹᒥᑦ ᓱᓕᓂᕋᕈᑎ

Final Declaration

ᓱᓕᓂᕋᖅᐳᖓ ᑎᑎᕋᖅᑕᓕᒫᒃᑲ ᑐᓴᐅᒪᔭᒃᓴᑦ ᐅᕙᓂ ᐱᓇᔫᑎᒥᑦ ᓱᓕᖓᒪᑕ, ᑕᒻᒪᕐᓯᒪᙱᑦᑐᑦ, ᐃᓗᐃᑦᑑᓪᓗᑎᒃᓗ ᖃᐅᔨᒪᔭᓕᒫᒃᑯᑦ. ᑐᑭᓯᔪᖓ ᖃᐅᔨᓴᕈᓐᓇᙱᒻᒪᑕ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᖏᑦ ᑭᓯᐊᓂᑦ ᑎᑎᖅᑲᓕᒫᑦᑎᐊᓂᑦ ᐱᔭᐃᔭᕆᐊᓕᖕᓂᑦ ᐱᓯᒪᓕᕐᐸᑕ, ᑐᓴᐅᒪᔭᒃᓴᖅᑖᕆᐊᖃᑐᐃᓐᓇᕆᐊᖃᖅᓗᑎᒃᓗ.

ᐊᖏᖅᐳᖓ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᖏᑦ ᖃᐅᔨᒋᐊᕐᑯᓪᓗᒋᑦ ᐃᓕᓐᓂᐊᕐᕕᖕᓂᑦ ᐃᓕᓐᓂᐊᕐᕕᒋᓚᐅᕐᑕᓐᓂᑦ ᑐᓂᔭᐅᓂᐊᕐᓗᑎᒃᓗ ᖃᓄᐃᑦᑐᑐᐃᓐᓇᕐᓂᑦ ᑕᒪᐃᓐᓂᒃᓗ ᑐᓴᐅᒪᔭᒃᓴᓂ ᑖᒃᑯᓇᙱᑦ ᐃᓕᓐᓂᐊᕐᕕᖕᓂᑦ, ᐃᓕᓴᐃᔨᐅᓂᐅᖕᒧᑦ ᐊᑎᓕᐅᕐᑕᐅᓂᖅ/ᐱᔪᓐᓇᐅᑎᖃᖅᑎᕐᑎᔨᑦ, ᐸᓖᓯᒃᑯᓐᓗ ᐱᔾᔪᑎᖃᕐᑐᐃᑦ ᐱᓇᔫᑎᓐᓄᑦ. ᑐᑭᓯᕗᖓ ᑕᒪᓐᓇ ᑐᓴᖅᑎᕐᑎᔾᔪᑎᒋᔭᒃᑲ ᐊᑐᕐᑕᐅᔪᓐᓇᕐᒪᑕ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ ᖃᐅᔨᓇᓱᒃᓗᑎᒃ ᐱᔪᓐᓇᕐᒪᖔᑦ ᖃᓄᐃᑦᑐᒥᓪᓗ ᐃᓕᓴᐃᓂᖕᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᕐᑖᕈᓐᓇᖕᒪᖔᑦ.

ᐊᖏᖅᐳᖓ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ ᐊᐱᖅᓱᒃᑕᑦᑕᕐᓂᕐᓄᑦ ᑕᐅᖅᓲᖅᑕᐅᑎᓂᕐᒧᓪᓗ ᑐᑭᓯᒋᐊᕋᕐᓴᓂᒃ ᓇᓪᓕᐊᓂᑐᐃᓐᓇᖅ ᐱᔪᓐᓇᕐᓂᖅᑲᕕᐅᔪᓂᑦ ᐃᓕᓐᓂᐊᑎᕐᓯᔨᓄᓪᓗᓐᓃᑦ ᒪᓕᒐᖅᑎᒍᑦ ᐱᔪᓐᓇᐅᑎᓕᓐᓄᑦ ᐊᑦᑐᐊᓂᖅᑲᖅᑐᓂᑦ ᖃᓄᐃᓕᖓᓂᖓᓂᑦ ᐃᓕᑕᕆᔭᐅᔾᔪᑎᒐ ᐃᓚᒋᓪᓗᒍ ᑭᓯᐊᓂ ᑭᓪᓕᖅᑲᖅᑎᑕᐅᖏᑦᑐᖅ ᓇᓪᓕᐊᑐᐃᓐᓇᖅ ᖃᓄᐃᓕᖓᓂᖏᑦ, ᓄᖅᑲᖓᑎᑕᑲᐃᓐᓇᖅᑐᑦ, ᓄᖅᑲᖅᑎᑕᐅᔪᐃᓪᓗᓐᓃᑦ ᐊᑦᑐᐊᓂᖅᑲᖅᑐᑦ ᐃᓕᓐᓂᐊᑎᕐᓯᓂᕐᒪ ᐃᓕᑕᕆᔭᐅᔾᔪᑎᒃᑲ.

ᐊᖏᖅᐳᖓ ᐊᓯᔾᔨᖅᑐᖅᑲᖅᐸᑦ ᑐᓴᐅᒪᑎᕐᑎᔾᔪᑎᒋᔭᓐᓂ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ ᐅᕙᓂ ᐱᓇᔫᑎᒥᑦ ᓇᒃᓯᐅᑎᓚᐅᕐᑎᓪᓗᒍ ᑎᑎᖅᑕᐅᓂᐊᕐᑎᓪᓗᒍᓗ ᐃᓕᓴᐃᓂᖕᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᕐ, ᑐᓴᖅᑎᑲᐅᑎᒋᓂᐊᕐᐸᒃᑲ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᖏᑦ ᓄᑖᓂᒃᓗ ᑐᓂᓗᒋᑦ.

ᓱᓕᕗᖓ ᑎᑎᖅᑲᓕᒫᕐᑎᐊᑦ ᓇᒃᓯᐅᑎᔭᒃᑲ ᑐᕌᖓᔪᑦ ᐱᓇᔫᑎᓐᓄ ᐊᓯᔾᔨᕐᓯᒪᙱᒻᒪᑕ ᐊᓯᔾᔨᓚᐅᕋᑎᒃᓗ ᖃᓄᑐᐃᓐᓇᖅ.

ᑐᑭᓯᕗᖓᓗ ᓱᓕᖏᓪᓗ ᐱᔫᕆᓂᒃᑯᓪᓗ ᑎᑎᕋᙱᓪᓗᖓ ᑎᑎᕋᖅᑕᐅᙱᑐᐃᓐᓇᕆᐊᖃᖓᑦ, ᓄᖅᑲᖓᑎᑕᐅᓚᐅᒃᑲᓗᓂᓗᓐᓃᑦ ᓄᖅᑲᖅᑎᑕᐅᕐᑎᐊᒻᒪᕆᒃᓗᓂᓗᓐᓃᑦ ᐃᓕᓴᐃᓂᖕᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᕋ ᒪᓕᒃᓗᒋᑦ ᐃᓕᓐᓂᐊᕐᓂᓕᕆᓂᖕᒧᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑦ ᒪᓕᒋᐊᓕᖏᑦ ᐊᒻᒪᓗ/ᐅᕝᕙᓗᓃᑦ ᐸᓯᔭᐅᓗᖓ ᑲᓇᑕᒥ ᐱᕋᔭᓕᕆᓂᕐᒧᑦ ᒪᓕᒐᒃᑯᑦ.

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.	
ᑐᒃᓯᕋᖅᑑᑉ ᐊᑎᓕᐅᕈᓯᐊ Applicant's signature (ᑎᑎᕋᖅᓯᒪᓪᓚᑦᑖᕆᐊᓕᒃ) (must be handwritten)	ᐅᓪᓗᖅ Date

ᓇᒃᓯᐅᑎᓗᒍ ᐅᕗᖓ TeacherRegistrar@gov.nu.ca

- ☐ ᑖᓐᓇ ᐱᔭᕇᖅᓯᒪᔪᖅ ᑐᑦᓯᕋᐅᑎ ᑕᑕᑎᕆᐊᓕᒃ,
- ☐ ᐃᓅᕝᕕᒃᐱᑦ ᓇᓗᓇᐃᒃᑯᑕᖓᑕ ᐊᔾᔨᖓᓂᒃ,
- ☐ ᐊᑎᖅᐱᑦ ᐊᓯᔾᔨᖅᑕᐅᓂᖓᑕ ᑎᑎᕋᖅᑕᐅᓯᒪᓂᖓᑕ ᐊᔾᔨᖓᓂ (ᐱᔭᕆᐊᖃᖅᐸᑦ), ᐊᒻᒪᓗ
- ☐ *your Teacher Certification Credit Card Payment Form (if applicable)*

ᐊᑭᓖᓂᐊᕈᕕᑦ ᓯᒃᑭᒍᑦ ᑎᑎᖅᑲᒃᑯᕕᒃᑯᓪᓗᓐᓃᑦ, ᑐᕌᖓᔭᕆᐊᓕᒃ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᕐᓂᓄᑦ.

Registrar, Nunavut Educators' Certification Service
PO Box 1000, Station 900
Iqaluit, Nunavut X0A 0H0

ᓯᓚᑦᑐᖅᓴᕕᖕᓂ, ᐃᖅᑲᓇᐃᔭᕕᕕᓂᑦ, ᐊᓯᖕᒋᓪᓗ ᐃᓕᓴᐃᔨᐅᓂᕐᒧᑦ ᓇᓗᓇᐃᒃᑯᑕᑦ ᑲᑐᔾᔨᖃᑎᒌᓂᑦ ᑐᒃᓯᕋᖅᑕᐅᔪᓂᑦ ᑎᑎᖅᑲᖃᕆᐊᓕᒃ ᑎᑎᕋᕕᑦᑎᓐᓄᐊᕐᓗᒋᑦ. ᐃᕐᖏᓐᓈ ᖅᑕᐅᑦᑰᕈᓐᓇᒃᑐᑦ ᐅᕗᖓ Teacherregistrar@gov.nu.ca ᐅᕝᕙᓘᓐᓃᑦ ᑎᑎᖅᑲᒃᑯᕕᒃᑯᑦ ᓇᒃᓯᐅᑎᓗᒋᑦ ᑎᑎᕋᕕᑦᑎᓐᓄᑦ:

Registrar, Nunavut Educators' Certification Service
PO Box 1000, Station 900
Iqaluit, Nunavut X0A 0H0

ᖃᐅᔨᒋᐊᕕᐅᓛᖅᐳᑎ ᐱᓇᓱᐊᕈᓱᒃ ᒪᕿᒃ ᐃᓗᐊᓂ ᐱᓇᔫᑎᑦ ᐱᔭᐅᒃᐸᑦ. ᑐᓴᖅᑎᑦᑎᒋᐊᖃᑦᑕᕐᓂᐊᖅᑐᑦ ᐃᕐᖏᓐᓈ ᖅᑕᐅᒃᑯᑦ ᑎᑎᖅᑲᑦ ᐱᔭᐅᓛᖓᒥᒃ.

ᐊᐱᖅᑯᑎᓴᐃᑦ ᑐᒃᓯᕋᖅᑕᕕᑦ ᒥᒃᓵᓄᑦ, ᐱᓇᔫᑎᕕᓪᓗᓐᓃᑦ ᐱᓕᕆᐊᖑ ᕙᓪᓕᐊᓂᖓᓂ, ᑐᕌᖅᑎᓪᓗᒍ ᐅᕗᖓ TeacherRegistrar@gov.nu.ca

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
Iqaluit, 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
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