



FORM 612

Interim Teacher's Certificate 4 Application Form Policy 612

IMPORTANT INFORMATION AND DEADLINES

- Under Policy 612, you must hold a letter of recommendation from the school district to apply for an interim certificate 4.
- Files are not processed until all required documents are received by the Office of Teacher Certification.
- Certificate effective July 2: Apply before October 31 of the same year (as evidenced by the postmark).
- Certificate effective January 2: Apply before March 31 of the same year (as evidenced by the postmark).

PERSONAL INFORMATION

Last Name			
First Name			
Middle Name			
Maiden Name			
Gender	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	NON-BINARY <input type="checkbox"/>
Date of Birth	YEAR:	MONTH:	DAY:
Phone Numbers	HOME:	WORK:	CELL:
Email address			
Mailing Address	No.	STREET:	APT.:
	CITY:	PROVINCE:	POSTAL CODE:

UNIVERSITY EDUCATION

DEGREE	Number of credits	Major (without a minor: 30 credits – with a minor: 24 credits)	Minor (18 credits)	Institution	Graduating Year
Bachelor's degree					
Master's degree					
Other university degree					

REQUIRED FEE AND SUPPORTING DOCUMENTS

● Documents to be mailed to Teacher Certification by applicant.

▲ Documents to be sent directly to Teacher Certification by institutions issuing them.



Fee: \$70.00

Money order or cheque, payable to the **Minister of Finance, Province of New Brunswick**

OR

E-Transfer

UNI and Desjardins customers are advised to pay by money order or cheque, not by e-transfer.

Please provide a confirmation of E-transfer payment with your form (screenshot of the transfer).

E-Transfer email: eezd-edpefinanceservices@gnb.ca

Please enter the following information in the message box when sending e-transfer:

- Full name (including maiden name)
- Certification Form used: Teacher Certification Form A
- Amount paid: \$70.00
- If you are asked to enter a question and password, then proceed. However, there is no need to advise us of the question and password as our system is set up for automatic deposit.



Official Transcript – original only, copies are not accepted.

Official transcripts from the originating institution of **all post-secondary** training even if credits have been transferred from one institution to another. Transcripts must be sent directly to the Office of Teacher Certification by institutions issuing them, either by email or by mail. You can also send a transcript in an **envelope sealed** by the institution. If submitting transcripts prior to graduation, please ensure all courses including the internship are graded, and, if a degree is intended, a letter from the institution's registrar's office indicating that the requirements have been met and graduation is expected must be provided.

➤ **Internationally trained candidates must request a course-by-course assessment of their degrees from WES or ICAS. The report must be submitted directly to the Office of Teacher Certification by WES or ICAS.**



Original Criminal record check

A criminal record check that includes a vulnerable sector screen is required from the Royal Canadian Mounted Police or your local police department. The criminal record check must have been done in the 12 months preceding the date of the signature of this form. Copies are not accepted. Please note:

- if you only received a **paper version** of the criminal record check, you must mail it directly to the Teacher Certification office address. Copies or scanned copies sent by email are not accepted.
- If you only received an **electronic version** of your criminal record check, you must provide the authentication method to verify the document by email.



Employability status

Applicants who do not have Canadian citizenship must provide an authenticated copy of their Permanent Resident Card or Work Visa.



Letter of recommendation from the School District

The Office of Teacher Certification reserves the right to request other documents.

PERSONAL BACKGROUND INFORMATION

For every affirmative answer (yes), please attach a written explanation on a separate piece of paper, referencing the question number.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted, given an absolute or conditional discharge, or received a pardon for a criminal offense?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any outstanding criminal charges against you?

DECLARATION OF APPLICANT

I declare that all information given on this registration form is true, correct, and complete to the best of my knowledge. I understand that no qualifications assessment can be made until the New Brunswick Department of Education and Early Childhood Development receives all required documents, and that additional information may be required.

I authorize the New Brunswick Department of Education and Early Childhood Development 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 for registration. I understand that this information may be used by the department to determine if I will be registered or if any terms, conditions, or limitations are required on my certificate.

I authorize any person, government, administration, educational institution, police force, military authority, governing body, or other organization enquired of under this authorization to provide the New Brunswick Department of Education and Early Childhood Development with all relevant information or documentation requested.

I accept responsibility for advising the department, in writing, of any change to the information contained in this application.

I declare that all documentation submitted by me in relation to my application has not been changed or altered in any way.

I confirm that I have read all the requirements for teacher certification with the New Brunswick Department of Education and Early Childhood Development.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Submission of an application that is misleading or false, in whole or in part, may lead to non-issuance, suspension or cancellation of the teacher's certificate.

The applicant is required to advise the New Brunswick Department of Education and Early Childhood Development of any change in circumstances relating to the questions raised in the Personal Background Information section of this application. A failure to do so may result in the suspension or cancellation of the teacher's certificate.

CONTACT INFORMATION

Mailing Address (For documents sent by mail)

Office of Teacher Certification
Department of Education and Early Childhood
Development
P.O. Box 6000
Fredericton NB E3B 5H1

Tel.: 506-453-2785
Fax: 506-453-5349
teachercertification@gnb.ca

Physical Address (For documents sent by couriers such as Purolator, FedEx, UPS,)

Office of Teacher Certification
Department of Education and Early Childhood Development
Place 2000
250 King Street
Fredericton NB E3B 9M9

APRIL 2024