



FORM B

New Brunswick Teacher's Certificate Application Form for Individuals holding a Teacher's Certificate from another Canadian Province or Territory

IMPORTANT INFORMATION AND DEADLINES

- Please follow the instructions provided on this form to avoid delays in processing your application.
- Applications are only processed after receipt of all required documents by the Office of Teacher Certification. Please allow **20 to 25 business days** for your application to be processed. We kindly request that you wait until the end of this period before asking for an update on your file.
- The certificate will be valid as of July 2 if the application is submitted before October 31 of the same year (as evidenced by the postmark) and if the training program is completed by August 31 of the same year.
- The certificate will be valid as of January 2 if the application is submitted before March 31 of the same year (as evidenced by the postmark) and if the training program is completed by December 31 of the previous year.
- Form B and confirmation of payment (if fee is paid by e-Transfer) may be sent to us by email: teachercertification@gnb.ca.
- Please note that we do not accept photos of the form filled out and other required documents by email. It is preferable to type all your information on this form, including your signature
- Please allow 10 business days for us to respond to a request for information.

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:	CELL:	WORK:
Email address			

Mailing Address	No.:	STREET:	APT/UNIT.:
	CITY:	PROVINCE:	POSTAL CODE:

CERTIFICATION LEVEL REQUESTED

Consult the requirements and check the appropriate level.

SUMMARY OF THE REQUIREMENTS FOR EACH LEVEL OF CERTIFICATION

Teacher's Certificate 4 <input type="checkbox"/>	Teacher's Certificate 5 <input type="checkbox"/>	Teacher's Certificate 6 <input type="checkbox"/>
<ul style="list-style-type: none"> Valid Teacher's Certificate from another province or territory of Canada Approved Bachelor's Degree in Teacher Education Less than 150 university credit hours (excluding credit hours for practice teaching) 	<ul style="list-style-type: none"> Valid Teacher's Certificate from another province or territory of Canada Approved Bachelor's Degree in Teacher Education Minimum of 150 university credit hours (excluding credit hours for practice teaching) with 45 credit hours in pedagogical training 	<ul style="list-style-type: none"> Valid Teacher's Certificate from another province or territory of Canada Certificate 5 and <ul style="list-style-type: none"> an approved Master of Education degree or a Master's Degree in a teachable subject with 30 credit hours at the graduate level; OR <ul style="list-style-type: none"> a non-degree program with 30 credit hours at the graduate level in teachable subjects that leads to an additional major, two additional minors, or an additional minor and one concentration Total of 180 university credit hours, (excluding credit hours for practice teaching) with 30 approved graduate credits.
<ul style="list-style-type: none"> ➤ A Master's Degree in Education that prepares for the teaching profession or initial certification <u>cannot</u> be used for a Level 6 certificate. ➤ A Bachelor's or Master's Degree in Adult Education <u>cannot</u> be accepted for certification purposes. 		

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 other than Bachelor of Education					
Bachelor's degree in Education					
Master's degree					
Other university degree Degree from CEGEP					

REQUIRED FEE AND SUPPORTING DOCUMENTS

- Documents to be mailed to Teacher Certification Office by applicant.
- ▲ Documents to be sent directly to Teacher Certification by institutions issuing them by email or mail.



● Fee: \$120.00

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

OR e-Transfer

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

E-Transfer email: eeed-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 B
- Amount paid: \$120.00
- 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.

Customers of UNI and Desjardins credit unions are asked not to use e-Transfer and to pay by cheque or money order.



▲ Official Transcript

We must receive official transcripts from all the academic institutions you have attended, even if the credit hours 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, mail or fax**. 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. If a degree is intended, a letter must be provided from the institution's registrar's office indicating that the requirements have been met and graduation is expected.

- We accept official transcripts sent by MyCreds only if they send to Teacher Certification the link to access them. Please check [MyCreds' FAQ](#) to know more on how to share your credentials with us.
- Candidates who have graduated from a CEGEP must ask the institution to send us their transcript.
- Copies and PDF versions provided by an applicant will not be accepted.



● 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. **You must provide the original document. Copies are not accepted.**

- If you received a **paper version** of the criminal record check, you must **mail** the original one directly to the Teacher Certification Office. Scanned copies sent by email are not accepted.
- If you only received an **electronic version** of your criminal record check, you must send the document in a PDF format and provide the authentication method to verify the document **by email** (i.e., QR codes, electronic signatures, identification number, website, etc.).
- If requested by the police service, the Teacher Certification Office may provide you with a letter of support to request a vulnerable sector check. To do so, please send us an email with your full name.

▲ Statement(s) of Professional Standing

A statement of Professional Standing is an official document from a licensing body or an education department that says your right to teach has never been suspended, revoked or cancelled. You must arrange to have this statement sent to the Office of Teacher Certification from the jurisdiction where you completed your teacher education and from every jurisdiction where you have been certified to teach. Each statement must:

- be printed on letterhead, dated and signed,
- confirm that you have the right to teach,
- confirm you have never been found guilty of professional misconduct,
- confirm that your authorization to teach has never been suspended or revoked.

Each statement must be sent **directly** to the Office of Teacher Certification by the institution issuing the statement, either by email or by mail. We do not accept a statement sent by the applicant.

➤ Please indicate the provinces or territories where you are certified and your certificate number:

● Employability status

Applicants who do not have Canadian citizenship or a Permanent Resident Card must provide an authenticated copy of their work visa. You can send it as a PDF document by email or mail.

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 certified or otherwise authorized to teach in any jurisdiction outside of New Brunswick? If YES, please specify the jurisdiction: _____
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied anywhere for authorization and/or certification to teach and had your application denied?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your authorization and/or certification to teach ever been suspended or cancelled in another jurisdiction?
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever, for any reason other than a failure to pay fees, voluntarily surrendered your authorization and/or certification to teach?
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever, in advance of an investigation or disciplinary proceeding, voluntarily restricted your teaching practice?
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated in relation to the teaching profession?
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been asked by a teacher education program provider to withdraw from a teacher education program?
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been personally prevented from carrying on your occupation as a teacher as a result of any criminal, civil, or disciplinary proceeding?
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been subject to an investigation or proceeding relating to working with children or students in any professional capacity?
13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any other information you know that may have a bearing on you being granted a teacher's certificate?

DECLARATION AND CONSENT

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 inquired 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.

(Typing your name in this section serves as signature)

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: _____

(Typing your name in this section serves as signature)

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

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

Phone: (506) 453-2785

Fax: (506) 453-5349

Email: teachercertification@gnb.ca

MARCH 2025