

# FORM F

## Request for a Statement of Professional Standing

### 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 statement will be sent directly by mail or email to the accreditation organization located in the province, territory or country where you wish to teach. A copy of the statement will also be sent to the applicant by mail.
- You must complete a form for each province, territory or country where you wish to apply for a teaching authorization.
- Form F and confirmation of payment (if fee is paid by e-Transfer) may be sent to us by email: [teachercertification@gnb.ca](mailto:teachercertification@gnb.ca).
- Please allow 10 business days for us to respond to a request for information.

### PERSONAL INFORMATION

Last Name			
First Name			
Middle Name			
Maiden Name			
Teacher's Certificate Number			
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:

## PROVINCE, TERRITORY OR COUNTRY REQUESTING THE STATEMENT

Province, territory or country requesting the statement:			
Name of the organization to which the statement is to be sent to:			
Postal Address and Email to send:	No.	STREET :	P.O. BOX
	CITY:	PROVINCE:	POSTAL CODE:
	COUNTRY		
	EMAIL :		

## PROFESSIONAL AND PERSONAL BACKGROUND INFORMATION

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Do you hold or have held a teaching authorization, other than a New Brunswick's teacher certificate? For example, this could be a New Brunswick local teaching permit or a teaching certificate from another province or country. If applicable, please specify.</p> <p>_____</p> <p><b>If your answer is No, go to question 4.</b></p>
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Has your teaching authorization (local teaching permit or teacher's certificate from another province or country) ever been suspended or cancelled? If yes, please provide details on a separate sheet.</p>
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Have you ever been or are you currently the subject of an investigation or proceeding regarding your professional conduct, skills or abilities in the exercise of the teaching profession?</p>
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Are you facing any pending charges? If yes, please provide details on a separate sheet.</p>

## FEE

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● Fee: \$30.00

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](mailto: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 F
- Amount paid: \$30.00
- 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.

## DECLARATION AND CONSENT

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. 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 authorize the Department of Education and Early Childhood Development to communicate any information related to my certification file to the certification body designated in this request. I accept responsibility for advising the Department, in writing, of any change to the information contained in this application.

Signature  
(Typing your name in this section serves as signature)

Date

## 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](mailto:teachercertification@gnb.ca)**