



## FORM F

## Request for a Statement of Professional Standing

- Allow 20 to 25 work days for processing after all documents have been received.
- The statement will be sent directly\* to the certification body in the province, territory or country where you wish to teach.

\* With the exception of Nova Scotia. The statement is sent directly to the applicant in a sealed envelope.

### PERSONAL INFORMATION

Teacher's Certificate Number			
Last Name			
First Name			
Middle Name			
Maiden Name			
Date of Birth	YEAR:	MONTH:	DAY:
Phone Numbers	HOME:	WORK:	CELL:
Email address			
Mailing Address	No.	STREET:	APT.:
	CITY:	PROVINCE:	POSTAL CODE:

### PROVINCE, TERRITORY OR COUNTRY REQUESTING THE STATEMENT

Province, territory or country requesting the statement:			
Name of organization to which statement must be sent:			
Postal Address to use:	No.	STREET :	P.O. BOX
	CITY:	PROVINCE:	POSTAL CODE:

## 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

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

**E-Transfer - PLEASE PROVIDE A CONFIRMATION OF E-TRANSFER PAYMENT WITH YOUR FORM.**

E-Transfer email: [eeecd-edpefinanceservices@gnb.ca](mailto:eeecd-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: \$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.

## DECLARATION

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 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.

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

Tel.: 506-453-2785

Fax: 506-453-5349

[teachercertification@gnb.ca](mailto: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

March 2023