



<b>FORM I</b>	<b>Course Approval Form for a Level 5 Certificate</b>
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**IMPORTANT INFORMATION**

- Please refer to the requirements for obtaining a Level 5 certificate on the next page before completing and submitting this form.
- Allow **20 to 25 business days** for your request to be processed. We kindly request that you wait until this period has expired before asking us for an update on your file.
- Please allow 10 business days for us to respond to an inquiry.
- Please note that we do not accept photos of the form filled out sent by email. Please type your information and save the document as a PDF file or send to us the hardcopies by mail.

**PERSONAL INFORMATION**

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

## CREDIT REQUIREMENTS FOR UPGRADE TO A TEACHER'S CERTIFICATE 5

The level 5 certificate requires a total of 150 university credit hours (excluding credit hours for practice teaching) with 45 approved credits in pedagogical training. The thirty additional credit hours required to move from level 4 (120 credit hours) to level 5 (150 credit hours) are distributed as follows:

- 20 credit hours approved at the 3000 level or higher.
- 10 credit hours approved at the 1000 level or equivalent (e.g.: approved courses given by the NBTA or the MEDPE).

Credit hours obtained must first be related to pedagogical training in order to reach the required 45 credits, then with teachable subjects. Please have your courses approved by Teacher Certification before taking them. When approved courses have been completed, an application for a higher-level certificate must be submitted using the appropriate form (K), submitting an official transcript, and paying the fee.

## COURSES SUBMITTED FOR APPROVAL

	Course Number	Course Title	Educational Institution	Credits	Approval by Teacher Certification
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>TOTAL</b>					

## 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 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
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## 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)**

FEBRUARY 2025