

FORM I

Course Approval Form for a Level 5 Certificate

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 <u>photos</u> 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 INFO	RMATIO	N					
Last Name							
First Name							
Middle Name							
Maiden Name							
Teacher's Certificate Number							
Certification No.							
Date of Birth	YEAR: MONTH: DAY:						
Phone Numbers	HOME:		WORK:	WORK:		CELL:	
Email address			i		<u> </u>		
Mailing Address	No.	STREET:					PT.:
	CITY:		PROVINCE	<u> </u>	POSTAL	CODE	<u></u>
	i		i.				

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 such as:
 - ASD & Behavioural Interventions (with research project)
 - Culturally and Linquistic Diverse Schools
 - o Teaching to include each learner

COURSES SUBMITTED FOR APPROVAL

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.

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

DECLARATION AND CONSENT	
I certify that all information given on this application is true, correct, and comgovernment, administration, educational institution, police force, military autiauthorization to provide the New Brunswick Department of Education and Educumentation requested. I accept responsibility for advising the Department application.	hority, governing body, or other organization inquired under this arly Childhood Development with all relevant information or
Signature	Date
(Typing your name in this section serves as signature)	

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

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