



# FORM K

## Teacher's Certificate Level Upgrade

### IMPORTANT INFORMATION

- 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 K 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 an inquiry.
- Please note that we do not accept photos of the form and other required documents sent by email. Please type your information and save the documents as PDF files and send them to us by e-mail OR send it to us the hardcopies by mail.

### LEVEL OF CERTIFICATE UPGRADE REQUESTED

Certificate 5     Certificate 6

### PERSONAL INFORMATION

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

## PROGRAM COMPLETED

<input type="checkbox"/>	Additional credit hours (Only for Certificate 5)	Please indicate the amount of additional credit hours:
<input type="checkbox"/>	Master of Education (30 credit hours at graduate level)	Title:
<input type="checkbox"/>	Master's degree in a teachable subject (30 credit hours at graduate level)	Title:
<input type="checkbox"/>	Non-degree program (30 credit hours at graduate level)	One additional major (24 credits): Two additional minors (18 credits each): One additional minor (18 credits) and one concentration (9 credits):

## 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: \$70.00**

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:** [eeecd-edpefinanceservices@qnb.ca](mailto:eeecd-edpefinanceservices@qnb.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 K
- Amount paid: \$70.00
- 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 require an official transcript indicating successful completion of required approved courses or program. This transcript must be sent directly to the Office of Teacher Certification by the institution issuing it, either by **email, mail or fax**. You can also send a transcript in an **envelope sealed** by the institution.

- We accept official transcripts sent by MyCreds/MyCertif only if they send to Teacher Certification the link to access them.
- We only accept original transcripts. Copies and PDF versions provided by an applicant will not be accepted.

## 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

## CONTACT INFORMATION

<b>Mailing Address (For documents sent by mail)</b>  Office of Teacher Certification Department of Education and Early Childhood Development P.O. Box 6000 Fredericton NB E3B 5H1	<b>Physical Address (For documents sent by couriers such as Purolator, FedEx, UPS)</b>  Office of Teacher Certification Department of Education and Early Childhood Development Place 2000 250 King Street Fredericton NB E3B 9M9
<b>Phone: (506) 453-2785</b> <b>Fax: (506) 453-5349</b> <b>Email: <a href="mailto:teachercertification@gnb.ca">teachercertification@gnb.ca</a></b>	

FEBRUARY 2025