

Preferred language of communication/correspondence (select one)			
<input type="checkbox"/> English		<input type="checkbox"/> French	
Last Name		First Name	Initial
Previous Name (if applicable)		Date of Birth (yyyy/mm/dd)	GNB Employee Number (if applicable)
Telephone (include area code)		Email	
Mailing Address (to send certificate)		City / Town	Postal Code
		Province	

Evaluation(s) requested (select all that apply)	Language to be assessed		Notes: Include your availability and special needs. Linguistic services are offered Monday through Friday 9 a.m. to 3:30 p.m. Atlantic time.
	English	French	
Oral	<input type="checkbox"/>	<input type="checkbox"/>	
Reading: Second Language	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	
Reassessment of the Recorded Oral Evaluation (within 60 days of the evaluation)	<input type="checkbox"/>	<input type="checkbox"/>	

* Are your evaluation results to be shared with a third party? Yes No
If yes, please provide the following information:

Contact Name		Email	
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FOR OFFICE USE ONLY	Evaluator
Date Received	Date
Receipt #	Time

Application with payment must be forwarded to:
Post-Secondary Education, Training and Labour, Linguistic Services
PO Box 6000, 470 York Street, Fredericton, NB E3B 5H1

Language Evaluation Application

(Formulaire disponible en français)

Checklist

To avoid having your Language Evaluation Application returned to you because it is incomplete, please check to ensure you have identified / reviewed the following items.

Preferred language of communication

Have you identified the language in which you prefer to receive service?

Candidate information:

- Full Name (Last Name, First Name and Initial)
- Previous Name (if applicable)
- GNB Employee Number (if applicable)
- Date of Birth
- Mailing Address complete with City/Town and Postal Code
- Email

Evaluation(s) requested and the language to be assessed

Availability and Special Needs

Have you indicated, in the *Notes* section, dates and times you are available to complete the evaluations in addition to any special needs? The Department of Post-Secondary Education, Training and Labour's Linguistic Services operate on Atlantic Time. If you are located in a different time zone, you will need to make adjustments accordingly.

Contact name and email address are required if results are to be shared with a third party

Payment

Requests must include a money order payable to "Minister of Finance" AND reflect the total cost of evaluations requested.

Note: All language evaluation fees are non-refundable and non-transferable.

Language evaluation fees

Reading: \$45 Oral: \$60

Writing: \$45 Reassessment of the recorded Oral evaluation: \$30

Evaluation for Language Proficiency information booklets

It is highly recommended the booklets in both official languages be reviewed prior to the evaluations. Booklets are available upon request.

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