

Application for a teaching licence

For individuals who have successfully completed an
accredited Québec teacher training program

Ministère file number:

In accordance with the provisions of the *Regulation respecting teaching licences*, I hereby request that the following document be issued in my name:

Teaching permit Teaching diploma
International Student

A- Information on the applicant's identity (please print)			
Last name at birth Smith		First name John	
Date of birth (yyyy-mm-dd) 1986-08-22		Permanent code SMIJ08618600	
Status <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident		<input type="checkbox"/> Holder of a work permit <input checked="" type="checkbox"/> Other: _____	
Address 1234 Somewhere Street		Social insurance number 123-456-789	
City Montreal		Province Quebec	
Country Canada		Postal code J2J1X1	
Telephone number (home) 514-123-4567		Other numbers (cell, work)	
Email address someone@example.com			

B- Information on the teacher training program	
Name of the university McGill University	
Title of the teacher training program Bachelor Of Education	
Level of education: <input type="checkbox"/> Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary	
Subject: <u>Kindergarten/Elementary or Secondary Math o Secondary English etc....</u>	

C- Other form to be attached	Section reserved for the Ministère
<input type="checkbox"/> Declaration Concerning a Judicial Record To be completed and signed by the applicant	<input type="checkbox"/>

D- Document to be attached	Section reserved for the Ministère
<input type="checkbox"/> Certified copy of the applicant's transcript for the successfully completed teacher training program	<input type="checkbox"/>

E- Attestation and consent	
<input type="checkbox"/> I attest that I have attached all the forms and documents needed for the study of my application and I understand that the time required to process it is 60 working days from the date on which the Ministère determines that the file is complete. <input type="checkbox"/> I authorize the university to send this application for a teaching licence to the Ministère for the purpose of issuing a licence. <input type="checkbox"/> I certify that the information provided in this application is accurate and complete.	
Signature of the applicant Please do not forget to sign your document	Date (yyyy-mm-dd): Please do not forget to date your document

Personal information

The personal information collected by the Ministère is essential to the exercise of its functions, as provided for under the *Regulation respecting teaching licences*. This information may also be used for research or statistical purposes. It is treated confidentially and is accessible only to authorized staff who need it to carry out their duties. You have the right to request access to your personal information held by the Ministère and to request that it be corrected. To exercise this right, please contact the person responsible for access to documents and the protection of personal information.

Section reserved for the Ministère	Date (yyyy-mm-dd):	Initials
PP		
BR		