## 

## **Application for a teaching licence**

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

Ministère file number:	

be issued in my name:	i tile <i>Regulation i</i>	respecting teaching	y licences,	I nereby request the	at the following document		
Teaching permit	Teaching	g diploma 🔲					
A- Information on the applica	nt's identity (p	lease print)					
Last name at birth		First name			Gender:  □ Male □ Female		
Date of birth (yyyy-mm-dd)	Permanent code	Status  Canadian citize  Permanent resi		Holder of a work permit Other:	Social insurance number		
Address					Apartment		
City	Province		Country		Postal code		
Telephone number (home)	Other numbers (	er numbers (cell, work) Email address			1		
B- Information on the teacher	training progr	am					
Name of the university							
Title of the teacher training program							
Level of education:	Preschool 🔲	Elementary 🔲	Secondary				
Subject:							
C- Other form to be attached					Section reserved for the Ministère		
			□ Declaration Concerning a Judicial Record  To be completed and signed by the applicant				
_							
	applicant						
To be completed and signed by the	applicant	successfully complete	ed teacher	training program			
To be completed and signed by the D- Document to be attached	applicant	successfully complet	ed teacher	training program			
To be completed and signed by the  D- Document to be attached  Certified copy of the applicant's  E- Attestation and consent  I attest that I have attached all the required to process it is 60 working  I authorize the university to send the	transcript for the same forms and document days from the date is application for a few same same same same same same same same	ments needed for the on which the Minist teaching licence to the	ne study of ère determ ne Ministère	my application and ines that the file is co	mplete.		
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