

Ministère file number:

A- Instructions

- Gather the forms and documents listed in sections E and E.
- Check off the documents attached.
- Place the documents in an envelope, in the requested order.
- **If your application is incomplete, it will be returned to you.**

B- Information on the applicant's identity (please print)

Last name at birth		First name		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth (yyyy-mm-dd)		Status: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident		Social insurance number	
		<input type="checkbox"/> Holder of a work permit <input type="checkbox"/> Other: _____			
Address				Apartment	
City	Province		Country	Postal code	
Telephone number (home)		Other numbers (cell, work)		Email address	

C- Assignment and reason for the request—section to be completed by the employer

Sector		School year	
Vocational training program that will be taught			
Teacher training program taken (occupation or trade)		The training in support of this request was received in: <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____	
<p>Promise of employment: By virtue of this request for a provisional teaching authorization, we _____ (name of school board or private educational institution) whose head office is located at _____ (address of employer)</p> <p>hereby declare that we intend, within the next 12 months, to hire the above-mentioned candidate to teach a vocational training program directly related to his or her training and that this job cannot be filled by the holder of a teaching licence.</p> <p>The teaching load represents _____ % of the task, carried out on a full-time basis.</p>			

EMPLOYER'S SEAL	Name of the person in charge (block letters)	
	Position	Telephone number and extension
	Signature of an administrator	Date (yyyy-mm-dd)

D- 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"/>

E- Documents to be attached

Please provide a certified copy of each of the documents listed below. If certified copies cannot be provided if the candidate presents valid reasons why (e.g. the documents originate from a university or government body that no longer exists; the issuing organization has changed roles; the records were destroyed in a war or natural disaster) the Ministère may, exceptionally, accept sworn copies.

What is a certified copy?

It is a copy that is made from an original document and bears the original signature of a person acting as a legal representative of the organization that issued the document. This person must print his or her contact information in block letters on the copy (name, title or function, address and telephone number where Ministère can reach him or her).

What is a sworn copy?

It is a copy which the holder has declared, under an oath before a Commissioner for Oaths, to be a true copy of the original document. A person acting as a commissioner for oaths in Québec or outside the province (www.assermentation.justice.gouv.qc.ca/ServicesPublics/Accueil.aspx) must print his or her contact information in block letters on the copy (name, title or function, address and telephone number where the Ministère can reach him or her).

If your documents are in a language other than French or English, please attach a certified copy of the translation to the certified copy of the document issued in the original language. The translation must be produced or verified by a certified translator, for example by a member of the Ordre des traducteurs, terminologues et interprètes agréés du Québec (www.ottiaq.org).

E- Documents to be attached (cont.)

Section reserved for the Ministère

A certified or sworn valid copy of one of the following documents (proof of status in Canada):

- Canadian Citizenship Certificate or Canadian Citizenship Card (front and back);
- Canadian Permanent Resident Card (both sides);
- Work permit valid for at least a year;

For persons born in Canada, sworn copy of the birth certificate or a sworn copy of an act of birth certifies status in Canada.

A certified or sworn valid copy of one of the following documents (proof of identity):

- act of birth
- birth certificate
- marriage act or certificate for married women who use their spouse's family name

If these documents cannot be provided, a sworn statement stating the reasons why they cannot be provided, and the date and place of birth may be accepted

Certified copy of the transcript for a bachelor's degree in vocational teacher training indicating that the applicant has earned at least three credits*

* The three credits correspond to pre-service teacher training in vocational training. Contact your university, because the course code varies from one university to another.

Certified copies of the transcripts and diplomas related to the program to be taught

The diploma must be a Diploma of Vocational Studies, a Diploma of College Studies, a bachelor's degree or training that is equivalent to that required for these diplomas, directly related to the program to be taught.

Certified copy of the attestation of at least 3000 hours of experience in the practice or teaching of an occupation or a trade directly related to the program to be taught

A document attesting to experience (letter from an employer) must contain the following information:

- employment start and end dates
- the number of hours worked each week, the number of work weeks per year or the total number of hours worked
- title of the position held and type of work performed, or the occupation or trade taught in the case of teaching experience
- employer's contact information and signature

F- Attestation and consent

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.

I authorize the Ministère to verify the information contained in the documents with the institutions or organizations that issued them.

I certify that the information provided in this application is accurate and complete.

I hereby request that a Québec provisional vocational training teaching licence be issued in my name.

Signature of the applicant

Date (yyyy-mm-dd)

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.

**After completing and signing the forms,
send your application to the following address:**

Direction de la formation et de la titularisation du personnel scolaire
Ministère de l'Éducation et de l'Enseignement supérieur
1035, rue De La Chevrotière, 28^e étage
Québec (Québec) G1R 5A5

Section reserved for the Ministère		
DECISION	<input type="checkbox"/> Provisional teaching authorization in vocational training issued <input type="checkbox"/> 120-credit program leading to a bachelor's degree	
	<input type="checkbox"/> Candidate notified that he or she does not meet the minimum requirements: <input type="checkbox"/> Teacher training <input type="checkbox"/> Training in the occupation or trade to be taught <input type="checkbox"/> Workplace experience <input type="checkbox"/> Promise of employment	
	Comments: _____ _____ _____	
Vocational training sector	Language in which the teacher training in support of the request was received: <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____	Date that the last document was received (yyyy-mm-dd) _____
_____ Signature of an authorized person		Date (yyyy-mm-dd) _____
Document no.	Initials	Date of issue (yyyy-mm-dd)