

Ministère file number :

A- Identity of candidate

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last name (at birth)	First name		
Date of birth (yyyy-mm-dd)	Permanent code	Status <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Work permit <input type="checkbox"/> Other _____	Social insurance number	
Address				Apartment
City		Province	Postal code	
Telephone (home)	Other numbers (cell, work)		E-mail address	

B- Reason for request

I declare that I have teaching authorization for vocational training no. _____ and that I have met at least one of the following four conditions :

- I have taught for 750 hours in an institution described in section 17, in connection with the training required to earn the teaching authorization
- I have 1 500 hours of relevant experience in the workplace
- I have earned 9 of the 30 complementary credits in a teacher training program in vocational training as listed in Schedule V
- I have met a percentage of the requirements listed in at least two of the above conditions and the percentages total at least 100 %.

For example : 250 hours of teaching equals 33 1/3 % of 750 hours and 6 of the 9 credits equal 66 2/3 %. The sum of these percentages totals 100 %.

C- Supporting document required of the candidate (section 40 of *Regulation respecting teaching licences* - see over)

- Certified copy of the attestation of hours teaching related to the program to be taught
- Certified copy of the attestation of hours experience related in the workplace
- Declaration concerning a judicial record (section 25.1 of the *Education Act*)
- Certified copy of the university transcript attesting the success of the units required from training program for teaching

The Ministère advises that the information you provide may be used for future research, evaluation or study purposes to improve client services.

I hereby request renewal my teaching license for a period of 5 years.

Signature _____

Date _____

D- Reserved for Ministère usage

DÉCISION	<input type="checkbox"/> Renouvellement de la licence d'enseignement <input type="checkbox"/> Refus signifié au candidat. Ne satisfait pas aux conditions exigées		
	Commentaires : _____ _____		
Signature de la personne autorisée _____			Date _____
N° dossier au Ministère :	N° du document :	Initiales :	Date d'émission :

Envoyer la demande à l'adresse suivante :

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