

## Application for a teaching licence

### Recommendation by the university

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:

Probationary teaching permit

Teaching diploma

A- 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)	Permanent code	Status <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident	<input type="checkbox"/> Holder of a work permit <input type="checkbox"/> Other: _____	Social insurance number
Address			Apartment	
City	Province	Country	Postal code	
Telephone number (home)	Other numbers (cell, work)	Email address		
B- Information on the teacher training program				
Name of the university				
Title of the teacher training program				
Level of education: <input type="checkbox"/> Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary				
Subject: _____				
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				
<input type="checkbox"/> <b>Certified copy of the applicant's transcript</b> 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		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.

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