

N° de dossier du Ministère :

A- Identity of candidate

<input type="checkbox"/> Mr.	Last name (at birth)		First name	
<input type="checkbox"/> Mrs.				
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 the request (sections 34, 35 and 36 of the *Regulation respecting teaching licences*)

I declare that I am the holder of teaching permit n°. _____ which authorizes me to teach and I declare :

that I have met the conditions listed on the teaching permit

that I have not completed, as part of a contract, the number of teaching hours required for a probationary period or a second probationary period

C- Documents that the candidate must attach (section 40 of the *Regulation respecting teaching licences*)

- Certified copy of the university transcript attesting that the candidate has earned the 12 credits in a teacher training program, as indicated on the teaching permit
- Certified copy of the university transcript attesting that the candidate has successfully completed a course on the Québec school system, as indicated on the teaching permit
- Declaration Concerning a Judicial Record (section 25.1 of the *Education Act*) available

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 that my teaching permit be renewed for a period of five years.

Signature _____

Date _____

D- Reserved for Ministère usage

DÉCISION	<input type="checkbox"/> Renouvellement du permis d'enseigner <input type="checkbox"/> Refus signifié à la candidate ou au candidat qui ne satisfait pas aux exigences <input type="checkbox"/> Cours sur le système scolaire du Québec non suivi <input type="checkbox"/> Douze unités de cours en éducation non terminées <input type="checkbox"/> Échec du stage probatoire ou délai du droit de reprise expiré		
	Commentaires : _____ _____		
Signature de la personne autorisée _____		Date _____	Date dernier document reçu _____
N° de dossier au Ministère :	N° du document :	Initiales :	Date d'émission :

Mail this form, duly completed, to :

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