



APPLICATION FOR PRINCIPAL'S CERTIFICATE

1. APPLICANT IDENTIFICATION:

Name: _____
Surname Maiden First Name Middle Name

New Brunswick Certification N^o: (7 digits) _____

S.I.N.: _____ Date of Birth: _____
(Y) (M) (D)

Mailing Address: _____ Telephone Numbers:
Home: _____
Work: _____
Cell: _____

E-mail Address: _____ Fax: _____

2. In addition to this completed form, it is the responsibility of the applicant to arrange for the following to be sent to the Office of Teacher Certification:

- official transcripts** submitted in envelopes sealed by the institution, as well as verification of the completion of any District Leadership Modules;
- an evaluation fee of **\$60.00** in the form of a money order or cheque payable to the **Minister of Finance, Province of New Brunswick**;
- verification** of a minimum of 5 years teaching experience in the public school system including administrative experience if applicable.

PLEASE ENSURE THAT ALL POSSIBLE SUPPORTING DOCUMENTS ARE INCLUDED WHEN SUBMITTING THE APPLICATION AND ALLOW 4 TO 25 WORK DAYS FOR PROCESSING AFTER ALL DOCUMENTS HAVE BEEN RECEIVED.

Signature Date