



Saskatchewan Learning

Teacher Services
 Box 650
 4635 Wascana Parkway
 REGINA SK S4P 3A3
 Phone: (306) 787-6085
 Fax: (306) 787-1003

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Educator ID (Office Use Only)

Application - Probationary Certificate

1. CERTIFICATE TYPE: (Select One)

Probationary Certificate - Initial Application - Enclose \$75.00 application fee (payable to the Minister of Finance) and complete all sections 1- 13.

Probationary Certificate - Subsequent Applications (Complete Sections 1-8 and 13).

2. SOCIAL INSURANCE NUMBER: Enclose (with initial Application only) verified* photocopy of Social Insurance Number card.

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3. NAME AT BIRTH: Please Print

		Date of Birth						
<i>Surname</i>	<i>Given Names (In Full)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;"><i>DAY</i></td> <td style="text-align: center;"><i>MONTH</i></td> <td style="text-align: center;"><i>YEAR</i></td> </tr> </table>				<i>DAY</i>	<i>MONTH</i>	<i>YEAR</i>
<i>DAY</i>	<i>MONTH</i>	<i>YEAR</i>						

4. NAME CHANGES:

		Effective Date						
<i>Surname</i>	<i>Given Names (In Full)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;"><i>DAY</i></td> <td style="text-align: center;"><i>MONTH</i></td> <td style="text-align: center;"><i>YEAR</i></td> </tr> </table>				<i>DAY</i>	<i>MONTH</i>	<i>YEAR</i>
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		Effective Date						
<i>Surname</i>	<i>Given Names (In Full)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;"><i>DAY</i></td> <td style="text-align: center;"><i>MONTH</i></td> <td style="text-align: center;"><i>YEAR</i></td> </tr> </table>				<i>DAY</i>	<i>MONTH</i>	<i>YEAR</i>
<i>DAY</i>	<i>MONTH</i>	<i>YEAR</i>						

5. CURRENT FULL LEGAL NAME: (if different than Name at Birth)

		Effective Date						
<i>Surname</i>	<i>Given Names (In Full)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;"><i>DAY</i></td> <td style="text-align: center;"><i>MONTH</i></td> <td style="text-align: center;"><i>YEAR</i></td> </tr> </table>				<i>DAY</i>	<i>MONTH</i>	<i>YEAR</i>
<i>DAY</i>	<i>MONTH</i>	<i>YEAR</i>						

WITH INITIAL APPLICATION: Please enclose a Verified* copy of your Birth Certificate. If your name has changed, also enclose a verified copy of your Change of Name Certificate, Marriage Certificate or other evidence of legal name change.

***"Verified" means: a photocopy signed by a lawyer, Notary Public, Commissioner of Oaths, Principal or Director of Education who can attest that "this is a true copy of the original document". If you wish to forward original documents, they will be returned to you.*

6. MAILING ADDRESS:

_____ Phone () _____

_____ Postal Code _____

7. CONFIDENTIAL DISCLOSURE:

- Have you ever held a teacher's certificate or qualification to teach that has been suspended or cancelled? Yes No
- Have you ever been convicted of, or are you presently charged with, any criminal offence of a sexual nature? Yes No
- Have you ever been convicted of, or are you presently charged with, any criminal offence involving a minor? Yes No

If you have answered yes to any of the above questions, please attach details.

8. DECLARATION:

I hereby declare that the above information is true, correct and complete to the best of my knowledge. I authorize Saskatchewan Learning, at its discretion, to conduct a Criminal Record Search or I will provide the same to the department upon request.

 Signature of applicant

 Date

9. HIGH SCHOOL: (Complete for Initial Application Only). With initial application, please forward **official transcripts** if high school standing is not confirmed on post-secondary transcripts or if high school was completed outside Canada.

NAME OF SCHOOL AND LOCATION	GRADE COMPLETED	DATE COMPLETED

10. POST SECONDARY EDUCATION: (Complete for Initial Application Only). With initial application, please have **official transcripts** from all colleges and universities sent directly to our office.

NAME OF INSTITUTION/UNIVERSITY AND LOCATION	LENGTH OF COURSE	DEGREE OR DIPLOMA	DATE COMPLETED

11. TECHNICAL/VOCATIONAL TRAINING: (Complete for Initial Application Only). With initial application, please have **official transcripts** from technical institutions sent directly to our office and forward a **verified*** copy of the diploma, certificate or Journeyperson's Certificate.

NAME OF TECHNICAL INSTITUTION AND LOCATION	LENGTH OF COURSE	CERTIFICATE/ DIPLOMA	DATE COMPLETED

12. TEACHING CERTIFICATES HELD (if any): (Complete for Initial Application Only). List all teaching certificates you have held. Include lapsed or temporary certificates. With initial application, please contact the Department of Education or other authority that issued your last certificate and request that a Statement of Professional Standing be sent directly to our office.

PROVINCE, STATE OR COUNTRY	CERTIFICATE TYPE/NAME	DATE ISSUED

13. TO BE COMPLETED BY DIRECTOR OF EDUCATION

After making a concerted effort to do so, we have been unable to secure the services of a suitable, certified teacher for the following teaching position:

_____ in _____
 subject/grade or substitute teaching school(s)

For the period: _____ to _____
 Date Date

I hereby recommend that an authorization to teach be issued to the above person for the specific teaching position described above in accordance with the *Teacher Certification and Classification Regulation*.

 Signature Title Date

Name of School Division or Employer: _____

**FORWARD APPLICATION (WITH DOCUMENTS AND FEES IF APPLICABLE) TO:
 TEACHER SERVICES, SASK LEARNING, 4635 WASCANA PARKWAY, REGINA, SK S4P 3V7**

14. TO BE COMPLETED BY SASKATCHEWAN LEARNING - TEACHER SERVICES

_____	_____
Approved by: Certifying Official	Date

NOTICE: Pursuant to Section 26(2) of The Freedom of Information and Protection of Privacy Act, this information is collected for the purpose of determining the applicant's eligibility for a Saskatchewan teacher's certificate in accordance with Section 3 of *The Teacher Certification and Classification Regulations* and for the purpose of assisting any other jurisdiction in Canada to determine the applicant's eligibility for a teacher's certificate in such other jurisdiction. Personal information will be used only for the purpose for which it is collected and will not be disclosed except in accordance with The Act.