



Ministry of Education



Application for First Nations Language Teacher's Certificate of Qualification Language Authority Form

FNLCLA APR 2016

TO BE COMPLETED BY THE APPLICANT PRIOR TO FORWARDING TO THE LANGUAGE AUTHORITY

Given Names

Surname

Used Given Name

Birth Surname

Other Previous Surname

Ancestral First Nation Name (Optional)

Street Address/P.O. Box

City/Town

Province/State

Country

Postal Code/Zip Code

Email Address

Home Phone Number (include area code)

Work Phone Number (include area code)

TO BE COMPLETED BY THE LANGUAGE AUTHORITY

Language of Instruction

Recommending Language Authority

Language Authority Address and Contact Person:

Contact Person (Please print name)

Title

Telephone Number (include area code)

Email Address

Street Address/P.O. Box

City/Town

Province/State

Country

Postal Code/Zip Code

Declaration of Language Authority

We, the undersigned, hereby declare to the Ministry of Education that, to the best of our knowledge,

_____ (Name) is a fit and proper person to teach our First Nation's Language and Culture; and

We also declare that this person is a proficient speaker of our First Nation's Language and has a broad understanding of our culture and society.

Authorized Signature(s) for Language Authority

Name in full	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please contact the Ministry of Education Teacher Regulation Branch at 604 660-6060 or 1 800 555-3684 should you require more information or assistance in completing the application.