



Ministry of Education



Application for an Independent School Teaching Certificate
School Authority Form
(School and Subject Restricted applications only)

ISTCSA APR 2016

AUTHORITY

PLEASE MAIL THIS FORM (ORIGINAL SIGNATURE IS REQUIRED)

Authority Name

School Name

AUTHORITY INFORMATION - CHAIRPERSON

Title (Mr., Ms., Dr., Rev., Rabbi, etc.)

Given Names

Surname

Street Address/P.O. Box

City/Town

Province/State

Country

Postal Code/Zip Code

E-mail Addresses

Home Phone Number | Work Phone Number | Mobile Phone Number (include area code)

PERSON RECOMMENDED FOR THE POSITION

File/Certificate # (if known):

Title (Mr. Ms., etc.)

Given Names

Surname

Subject to be taught:

School and Subject 1

School and Subject 2

Is this person presently employed or hired for a position in your BC independent school?

No

Yes, full-time

Yes, part-time

AUTHORITY DECLARATION

I hereby declare the above information to be correct.

Signature of Authority representative (Original signature is required)

Date

SUBMISSION OF AN APPLICATION THAT IS MISLEADING OR FALSE IN WHOLE OR IN PART MAY LEAD TO DENIAL OF CERTIFICATION OR DISCIPLINARY ACTION BY THE MINISTRY OF EDUCATION.

The information contained on this form is collected under the authority of the Teachers Act and is necessary for certification purposes. The Ministry of Education may disclose some information in accordance with the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information should be directed to our office.

Ministry of Education

Teacher Regulation Branch

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