

TESL Canada Federation Professional Certificate Application Form

PROFESSIONAL STANDARD THREE

FOR OFFICE USE ONLY

DATE RECEIVED: _____

CERTIFICANT NUMBER: _____

GENERAL INFORMATION:

1	Name of applicant:			
		<i>Last Name</i>	<i>First Name</i>	
	Previous name: If applicable			
		<i>Last Name</i>	<i>First Name</i>	
2	Name as you wish it to appear on the certificate:			
3	Permanent Address <i>(to which your certificate will be mailed)</i>			
	Home Ph #	Cell Ph #	Email:	
4	Current Professional Address:			
	Work Ph #	Email:		
5	Membership Information (Membership is <u>required</u>. Please tick the appropriate box on the left to indicate the type of membership you have. Please tick the appropriate box on the right to provide details of the membership.)			
	<input type="checkbox"/> Member of Provincial Affiliate (Please check with your provincial TESL organization to verify if they are currently affiliated with TESL Canada. If they are not at the present time, a direct membership is needed.)	<input type="checkbox"/> <i>Email sent directly from province</i> <input type="checkbox"/> <i>Copy of membership card enclosed</i> <input type="checkbox"/> <i>Official receipt enclosed</i>		
	<input type="checkbox"/> TESL Canada Direct Membership	<input type="checkbox"/> <i>Payment receipt enclosed</i> <input type="checkbox"/> <i>Application form enclosed</i>		
6	English Language Proficiency Requirement			
	<input type="checkbox"/> Native language speaker			
	<input type="checkbox"/> Non-native language speaker	Valid official ELP score enclosed. Language of instruction and administration for bachelor's degree was English and completed in a country where English is an official language (for a list of countries exempted from the English proficiency requirement, please refer to the teacher certification manual) <div style="text-align: right;"><i>Officially sealed letter from the University enclosed</i> <i>Letter emailed/mailed to TESL Canada directly from the University</i></div>		

IMPORTANT: COMPLETE PAGE 3 CHECKLIST AND INCLUDE PAYMENT/MEMBERSHIP INFORMATION. PLEASE ALLOW 4-6 WEEKS FOR PROCESSING FROM DATE RECEIVED BY TESL CANADA. CERTIFICATION WILL BE DELAYED IF APPLICATION IS NOT COMPLETE.

**TESL CANADA FEDERATION
PROFESSIONAL CERTIFICATE APPLICATION FORM**

**TESL Canada Professional Certificate Standard Three
Application Form**

<p>1. Education <i>(Please tick appropriate selection on right)</i></p> <p>Bachelor degree completed: _____</p> <p>Year completed: _____</p> <p>University: _____</p>	<p>Official transcripts enclosed (sealed by the university)</p> <p>Official transcript to be sent directly by university</p>
<p>2. Master in TESL/Applied Linguistics <i>(Please tick appropriate selection on right)</i></p> <p>Name of the University : _____</p> <p>Contact person: _____</p> <p>Program name: _____</p> <p>Date completed: _____</p> <p>Please note: if your degree was completed at a university outside Canada, we must receive an original assessment of Canadian equivalency. We require an original basic, course by course assessment.</p> <p><u>Canadian Equivalency Report</u></p> <p>Name of the assessment organization: _____</p> <p>Practicum Information</p> <p>Name and address of institution where practicum was completed: _____ _____</p> <p>Name of Sponsor Teacher: _____</p> <p>Contact information: _____</p> <p>Practicum Supervisor: _____</p> <p>Hours spent observing Sponsor Teacher in the classroom: _____</p> <p>Hours of supervised practice teaching: _____</p>	<p>Official transcripts enclosed (sealed by the institution)</p> <p>Official transcripts to be sent directly by the institution</p> <p>Certified Copy of Certificate or Diploma enclosed*</p> <p>Original Canadian equivalency assessment to be sent directly</p> <p>Original Canadian equivalency assessment enclosed (sealed by the institution)</p> <p><i>Please do not send originals, but have the copy certified by one of the following professionals: "notary public, commissioner of oath, lawyer, senior university/college officer or professor, public school principal, signing officer* of a bank, medical doctor, minister of religion, police officer, or the Canadian Embassy or the Consulate (outside Canada)".</i></p>

Application Form Check List
(Required for ALL Standard Applications)

Enclose the following required documents:

TESL Canada Standard Three application form

Official sealed transcript of university Bachelor's degree

Canadian Equivalency Report (if applicable)

English Language Proficiency Score (if applicable)

Official sealed TESL training transcript or Certified* Photocopy of TESL certificate or Diploma (*not original - signed/notarized as per list on page 2)

Proof of TESL Canada direct membership (Refer section 5)

Membership # _____ Membership Expiry Date _____

I certify that the information given on this form and in any documents attached is correct and complete. I also understand that TESL Canada reserves the right to revoke certification in case of any false information.

Name: _____

Date: _____

Signature: _____

Applications will be accepted by mail only.

Mail to: TESL Canada
PO Box 30001, RPO Prospect Plaza
Fredericton, NB
E3B 0H8

Payment of \$94.50 (\$90.00 plus \$4.50 GST) if you live in British Columbia, Alberta, Manitoba, Saskatchewan, Quebec, NWT, Nunavut, and Yukon; Payment of \$101.70 in Ontario; Payment of \$103.50 in Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland, and Labrador; Payment of \$90.00 U.S. if applying from outside Canada

Note: This fee is non-refundable and will be processed upon receipt of application.

Cheques payable to TESL Canada Federation.

Non TESL Canada recognized CELTA applicants please include an additional payment of \$100.00+tax (\$105.00 British Columbia, Alberta, Manitoba, Saskatchewan, Quebec, NWT, Nunavut, and Yukon; \$113.00 Ontario; \$115.00 Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland and Labrador).

If appealing, Payment of \$50.00 plus applicable taxes for your province **or**
Payment of \$50.00 U.S. if applying from outside Canada (refunded if appeal is successful)

If paying by VISA or MasterCard, please fill out the information below:

VISA _____ MasterCard _____

Total Amount to be charged: _____

Name on Card: _____

Card No.: _____

Expiry date: _____ Signature: _____