

TESL Canada Federation PROVISIONAL Certificate Application Form

Please tick the appropriate box:

- Provisional Certificate Standard One
- Provisional Certificate Standard Two
- Provisional Certificate Standard Three

NOTE: Your certificate is valid for one year.

Please tick the appropriate box and indicate hours for the second option:

- I have not completed a practicum
 - I have partially completed a practicum. Number of hours Observing _____ Number of hours Teaching _____
- Note:** If you have completed a practicum with a minimum of 40% F2F, 40% asynchronous, and 20% synchronous observation and teaching, please complete a Professional Certification application form.

Required: Membership Information 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
ATESL, TEAM, TESL MB, TESL SK, TESL NB, TESL NS, TESL NL | <input type="checkbox"/> Email sent directly from province
<input type="checkbox"/> Copy of membership card enclosed
<input type="checkbox"/> Official receipt enclosed
(includes membership number and date) |
| <input type="checkbox"/> TESL Canada Direct Membership: Required for applicants from ON, PQ, PEI, Nunavut, NWT, Yukon. | <input type="checkbox"/> Receipt enclosed
(includes membership number and date) |

GENERAL INFORMATION:

Name of applicant:

Last Name *First Name*

Previous name: If applicable (Proof of name change required)

Last Name *First Name*

Name as you wish it to appear on the certificate:

Permanent Address (to which your certificate will be mailed)

Home Ph #

Cell Ph #

Email:

Current Professional Address:

Work Ph #

Email:

English Language Proficiency Requirement

Native language speaker

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)
 - Officially sealed letter from the University enclosed
 - Letter emailed/mailed to TESL Canada directly from the University

**TESL CANADA FEDERATION
PROVISIONAL CERTIFICATE 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>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, document by document assessment.</p> <p>Canadian Equivalency Report</p> <p>Name of the assessment organization: _____</p>	<p>Official transcripts enclosed (sealed by the university)</p> <p>Official transcript to be sent directly by university</p> <p>Original Canadian equivalency assessment to be sent directly</p> <p>Original Canadian equivalency assessment enclosed (sealed by the institution)</p>
<p>2. TESL/TEFL Training <i>(Please tick appropriate selection on right)</i></p> <p>TESL/ TEFL training institution: _____</p> <p>Contact person: _____</p> <p>Program name: _____</p> <p>Date completed: _____</p> <hr style="border: 0.5px solid blue;"/> <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>	<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>

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.

Application Form Check List
(Required for ALL Standard Applications)

Enclose the following required documents:

- TESL Canada Provisional 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 to page 1 #5. Information about membership can be found on the TESL Canada website under certification FAQs and the membership tabs.)

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: _____