

# Request for a certified copy of a teaching licence or other documents issued by the Ministère

Ministère file number :

## A- Identity of candidate

|  |  |                         |             |
|--|--|-------------------------|-------------|
| <input type="checkbox"/> Mr.<br><input type="checkbox"/> Ms. | Last name at birth   | First name              |             |
| Date of birth (yyyy-mm-dd)                                   |  | Social insurance number |             |
| Address  |  |                         | Apartment   |
| City   |  | Province                | Postal code |
| Telephone number (home)                                      | Other numbers (cell, work)   | E-mail address          |             |
| Number of the teaching licence (if known)                    | <b>Document requested</b><br><input type="checkbox"/> Teaching diploma<br><input type="checkbox"/> Teaching permit<br><input type="checkbox"/> Provisional teaching authorization<br><input type="checkbox"/> Notice of eligibility<br><input type="checkbox"/> Teaching authorizations for vocational training<br><input type="checkbox"/> Renewal of teaching permit<br><input type="checkbox"/> Renewal of provisional teaching authorization |                         |             |

The personal information collected by the Ministère is essential to the exercise of its functions, as provided for under the *Regulation respecting teaching licences*. This information may also be used for research or statistical purposes. It is treated confidentially and is accessible only to authorized staff who need it to carry out their duties. You have the right to request access to your personal information held by the Ministère and to request that it be corrected. To exercise this right, please contact the person responsible for access to documents and the protection of personal information.

I hereby request a copy of my teaching licence.

Signature

Date

## B- Reserved for the Ministère

|                                    |  |                                |
|------------------------------------|--|--------------------------------|
| <b>DECISION</b>                    | <input type="checkbox"/> <b>Copy sent</b> <input type="checkbox"/> <b>Copy not sent</b><br><input type="checkbox"/> <b>Other document (specify):</b> _____ |                                |
|                                    | Remarks:   |                                |
| Signature of the authorized person |  | Date                           |
| Initials                           |  | Date of issue                  |
|                                    |  | Date of last document received |

Send your request to the following addresse:

Direction de la formation et de la titularisation du personnel scolaire  
Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche  
1035, rue De La Chevrotière, 28<sup>e</sup> étage  
Québec (Québec) G1R 5A5  
Télécopieur : 418 643-2149