Application for Seventh-day Adventist Teacher Certification

Seventh-day Adventist Church in Canada • Office of Education • 1148 King Street East • Oshawa, Ontario, Canada L1H 1H8

Last Name	First Name	Middle N	ame	Maiden Name				
Date of Birth (mm/dd/yyyy):	E-mail:							
Current Contact Information	:							
Street	(Dity I	Province	Postal (Code	Phone Number		
Permanent Contact Information	tion:							
Street	C	City F	Province	Postal (Code	Phone Number		
Currently Teaching:								
School Name	City	Province/State	Gra	ades	Union			
Planning to Teach Next Year:								
School Name	City			Province/State Grades				
Years of Teaching Experience:								
Adventist System (Canada or USA)	Public System* Other (please indicate whe			ndicate where)*				
* If you have teaching experience in the Public System or Other please request an official letter from your former employer indicating your years of teaching experience, grades or subjects taught, and if you worked full or part time.								
If you taught in the USA please indicate which Union Conference has your certification file:								
List below all colleges and universities attended. Please ask ALL colleges and universities to send your transcripts to the Seventh-day Adventist Church in Canada Office of Education.								
School	Dates Attended	Degree Earned and Year	# of Cro		Major(s	s) Minor(s)		

Do you hold (have you ever held) a Seventh-day Adventist denominational teaching certificate?						
☐ Yes ☐ No	☐ No If "yes", check the type of certificate below.					
	asic tandard	☐ Professional☐ Administrator				
With what endorsements?	tary 🔲 Junior A	Academy Secondary				
Date certificate was issued: Issued by which Union Conference:						
I am applying for the type of Seventh-day Adventist teaching certificate checked below: Omit this section if you have a current North American Division Seventh-day Adventist teaching certificate.						
	asic andard	☐ Professional☐ Administrator				
Endorsements desired: Elemen	tary	Academy Secondary				
Subject Area Endorsements (please list)						
Provincial/State Certification Held						
☐ This is my first Seventh-day Adventist (North American Division) teaching certificate.						
☐ This is a reinstatement of a lapsed Seventh-day Adventist (North American Division) teaching certificate.						
Church Membership Verification						
Church Where Membership is Held:						
Church Street Address C	ity Provinc	nce Postal Code Phone Number				
Pastor's Name:		100 10000 11010 11010				
Tasions maine.						
I am an active member of the Seventh-day Adventist Church and I hereby affirm that I intend to subscribe to and teach within the framework and philosophy of the denomination.						
Applicant's Signature	Da	ate				
IF YOU ARE TRANSFERRING from another union and all of your transcripts are on file in that office you do not need to request new copies. Your complete certification folder will be transferred from the other union.						
NEW APPLICANTS: This application and official transcripts from each college/university you have attended must be submitted to the Seventh-day Adventist Church in Canada Office of Education before your request for a Seventh-day Adventist (North American Division) teaching certificate can be considered. If you are a recent graduate of an approved teacher preparation program in a Seventh-day Adventist college/university in the United States or Canada, you should ask that school to send a Verification of Eligibility form to the Seventh-day Adventist Church in Canada Office of Education as soon as possible.						
Please Remember to do the Following: Request Official Transcripts Verification of Eligibility (if applicable) Official letter of teaching experience (if ap Provincial or State Teaching Certificates Copy of Birth Certificate or Passport (office)	Seventh-da Office of Educable) 1148 King Oshawa O ial name) Phone (908	Send via Mail, Fax or Email: Seventh-day Adventist Church in Canada Office of Education 1148 King St. E. Oshawa ON L1H 1H8 Phone (905) 433-0011 Fax (905) 433-0982 Email: perkins.brandy@adventist.ca				