



Ministry of
Education and
Child Care



**Application for First Nations
Language Teacher's
Certificate of Qualification**
Language Authority Form

FNLCLA AUG 2019

TO BE COMPLETED BY THE APPLICANT PRIOR TO FORWARDING TO THE LANGUAGE AUTHORITY

Given Names

Surname

Used Given Name

Birth Surname

Other Previous Surname

Ancestral First Nation Name (Optional)

Street Address/P.O. Box

City/Town

Province/State

Country

Postal Code/Zip Code

Email Address

Home Phone Number (include area code)

Work Phone Number (include area code)

TO BE COMPLETED BY THE LANGUAGE AUTHORITY

Language of Instruction

Recommending Language Authority

Language Authority Address and Contact Person:

Contact Person (Please print name)

Title

Telephone Number (include area code)

Email Address

Street Address/P.O. Box

City/Town

Province/State

Country

Postal Code/Zip Code

Declaration of Language Authority

We, the undersigned, hereby declare to the Ministry of Education and Child Care that, to the best of our knowledge,

_____ (Name) is a fit and proper person to teach our First Nation's Language and Culture; and

We also declare that this person is a proficient speaker of our First Nation's Language and has a broad understanding of our culture and society.

Authorized Signature(s) for Language Authority

_____ Name in full	_____ Signature	_____ Date
_____ Name in full	_____ Signature	_____ Date
_____ Name in full	_____ Signature	_____ Date
_____ Name in full	_____ Signature	_____ Date
_____ Name in full	_____ Signature	_____ Date

Please email the Ministry of Education and Child Care at trb.certification@gov.bc.ca should you require more information or assistance in completing the application.