



For each person who is applying for a teaching certificate in British Columbia, the Ministry of Education and Child Care needs information from the post-secondary institution where the person completed their teacher education program. The information will help verify the practicum(s) and whether the practicum experience meets the requirements set out in the Certification Standards established by the BC Teachers' Council. We request that the applicant complete the first section of the form and then forward the form to the post-secondary institution to enter the remaining information.

TO BE COMPLETED BY THE APPLICANT

Name of post-secondary institution: _____

Applicant surname: _____ Birth surname: _____

Applicant given names: _____

Your file no. (certificate no.): _____ Date of birth (YYYY/MM/DD): _____

TO BE COMPLETED BY THE POST-SECONDARY INSTITUTION

Practicum Details:

Name of school(s): _____

Grades and/or subjects taught: _____

Duration of all practicum experience (please indicate days, hours, or weeks): _____

Language of instruction: _____

Practicum Supervision:

Table with 2 rows of questions and Yes/No checkboxes regarding practicum supervision.

Additional Comments about the Practicum (optional):

Empty box for additional comments.

INSTRUCTION FOR THE POST-SECONDARY INSTITUTION – Please email the completed form directly to trb.certification@gov.bc.ca.

March 2024