



Statement of Professional Standing Request Form

If you hold, or have held, a BC teaching certificate and are applying for a teaching credential from a licensing body outside of BC, the licensing body to which you are applying (usually a College of Teachers or Ministry/Department of Education) will require that a Statement of Professional Standing be sent directly from our office.

Pursuant to section 33.1(1)(l) of the Freedom of Information and Protection of Privacy Act, the statement shall confirm the status of your certification in BC and report any completed or open professional conduct matter regarding your teaching in BC. We will mail the original statement directly to the licensing body to which you are applying and a copy of the statement to you for your reference.

The processing fee for each statement is \$35.00 (see page 2 for payment options). You may submit this form to us by mail or by fax at 604 775-4859.

YOUR INFORMATION Date of Birth (YYYY/MM/DD) \_\_\_\_\_ File/Certificate No. \_\_\_\_\_

Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Previous Surnames \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Home Telephone Number (include area code) \_\_\_\_\_ Work Telephone Number (include area code) \_\_\_\_\_

RECIPIENT INFORMATION

Name of Licensing Body \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

REQUEST TO RELEASE INFORMATION

I hereby request that the Ministry of Education and Child Care send the above recipient a Statement of Professional Standing concerning the status of my teaching certificate and my conduct record (if any).

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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## PAYMENT INFORMATION

If you wish to pay the processing fee by credit card, please complete the authorization form below. Otherwise, please enclose a cheque or money order payable to the Minister of Finance.

Name of individual or business as it appears on the card:		Please choose one: Visa MasterCard American Express	
Credit Card Number	Expiry Date (MM/YY)	Total Payment Authorized <b>\$35.00</b>	
Signature of card holder:	Date (YYYY/MM/DD)		

**Please note: Credit card data should not be emailed. The credit card information provided on this form will not be retained. Upon authorization of the payment request, all credit card information will be destroyed.**

January 2016/May 2022