



Statement of Professional Standing Request Form

BC Toll Free: 1-800-663-7867

Outside BC: 604-660-2421

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.

201-828 8th Ave W

Vancouver BC V5Z 1E2

Child Care

Teacher Regulation Branch

YOUR INFORMATION	Date of Birth (YYYY/N	MM/DD)File/	DD) File/Certificate No		
Given Nam	ies	Surname			
	Prev	vious Surnames			
	Ma	ailing Address			
Email Addres		Home Telephone Number (include area code)	Work Telephone Number (include area code)		
RECIPIENT INFORMA	TION				
	Name	of Licensing Body			
	Ma	ailing Address			
	Ma	ailing Address			
	nistry of Education and	Child Care send the above receaching certificate and my con			
Signature			Date Signed Continued on page 2		
Ministry of Education and	Mailing Address:	Call Service BC locally:	Call Service BC long distance:		

Victoria: 250-387-6121

Vancouver: 604-660-2421

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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:		
		Vis	ra	
		Ma	sterCard	
		An	nerican Express	
Credit Card Number	Expiry D	ate (MM/YY)	Total Payment Authorized \$35.00	
Signature of card holder:	Date (YY	YY/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.

Call Service BC locally: Victoria: 250-387-6121 Vancouver: 604-660-2421 Call Service BC long distance: BC Toll Free: 1-800-663-7867 Outside BC: 604-660-2421