

Professional/File Ref. Number _____

Please print all information clearly.

Statement of Professional Standing Form

Full Name: _____

Mailing Address: _____

Postal Code _____

Telephone Number: _____

Destination # 1: _____

Postal Code _____

Destination # 2: _____

Postal Code _____

I hereby request and authorize the Registrar's Office to provide a Statement of Professional Standing to the above destination(s). **A**

receipt for my payment made online at certification.ednet.ns.ca

or

money order (*personal cheques not accepted*) for \$33.15 payable to the Minister of Finance, Nova Scotia

is included for **each** destination identified. Please mail your request and receipt or money order to:

Registrar - Teacher Certification
PO Box 578
Halifax NS B3J 2S9

Signature: _____ **Date:** _____