



Registrar — Teacher  
Certification

**Professional/File Ref. Number:** \_\_\_\_\_

*PO Box 578  
Halifax, Nova Scotia  
B3J 2S9*

*Bus: (902) 424-6620  
Fax (902) 424-3814*

*Our file number:*

## Nova Scotia Summer School For Teachers

File Reference Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Year of Program(s) Completion: \_\_\_\_\_

Program Completed : \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_