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CONFIRMATION OF ELIGIBILITY TO HOLD A TEACHER CERTIFICATE

To be completed by the Registrar of the University or Dean of the Faculty/College of Education. The completed form may be given to the student in a sealed envelope or forwarded directly to the Registrar at the above address.

Name of University: _____

Name of Student: _____
Surname Given Names (In Full)

I hereby declare that the following information is complete and accurate.

The above mentioned student will meet the requirements for a teacher certificate/license in the State of _____. This student has met the following requirements for certification/licensure (✓ those that apply):

Has completed a bachelor's degree, or will be awarded a bachelor's degree
on _____
Date

Has completed a state-approved program in teacher education, including a supervised
practicum.

Citizenship is a requirement for teacher certification in this state. Yes No

Comments:

Date

Signature

Title/Position

Name (please print)