

Mikmaw Specialized Instructor Teacher Certification Application

Please fill in required information and forward to certification committee.

Applicant Information: Board and Educational Institution: (with joint agreement)

Organization Name: _____
Name of Director of Education; _____
Name of Principal or Coordinator _____
Community: _____
Address: _____
Phone Number: _____
Date of Application; _____

Information:

Name of Instructor: _____
Community: _____
Address: _____
Phone Number: _____
Specialization/Education: _____

Specialized Instruction Information:

- Language; _____
- Culture; _____
- Arts and craft: _____
- Other: _____
- All of the above: _____

Certification Information:

Purpose of Certification: _____

Program or project: _____

Term required (Time period): _____

Beginning date: _____

End date: _____

Supporting Teacher or Mentor Information: Academic support

Name of supporting Teacher or mentor: _____

School: _____

Signature: _____

Signature of Applicants: This application must have Director of Education and Principal / Coordinator signature before application is considered.

Director of Education: _____

Date:

Principal: _____

Date:

Committee Use Only:

Consideration:

- Granted
- Un-granted

Specify: _____

Certification Approval:

Specialized Instruction Certification has been granted to _____

in the community of _____ at (school name) _____

For a period of one academic school year, _____.

Committee signatures:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____ -

This information must be added to this application at end of period for additional re-certification and forward to the MK.

Evaluation Dates: Instructors must be evaluated on three different periods by Director or /and principal/coordinator

Evaluator: _____

Date: _____

Evaluator: _____

Date: _____

Evaluator: _____

Date: _____