



TEACHER CERTIFICATION
**REQUEST A STATEMENT OF
PROFESSIONAL STANDING**

Complete all sections of this application form.

Requestor information			
Last name	First name	Middle name	
Email		Phone	
Other names by which you may be known		Yukon certificate number (if known)	
Personal certification			
I understand that by signing this form I give consent to the Government of Yukon – Yukon Teacher Certification to disclose my personal licensing information including but not limited to qualifications, registration, investigations, complaints, disciplinary outcomes, and other information considered relevant by the Registrar.			
I am requesting the release of this information to the specified organization listed and understand the risks or benefits of consenting to disclose this information.			
Applicant's signature		Date YYYY/MM/DD	

Statement of Professional Standing to be sent to the following jurisdiction				
Name of licensing authority				
Mailing address		City	Province/Territory	Postal code
Country	Email		Phone	

Submit completed form

Digitally: Request a link for secure file transfer from TeacherCertification@yukon.ca
By mail: Yukon Teacher Certification E-15, Box 2703, Whitehorse, YT, Y1A 2C6

Yukon Teacher Certification staff will contact you if any additional information is needed.

Personal information is collected under the authority of under the Teacher Qualification Regulations (O.I.C. 1991/070) and Teacher Certification Regulations (O.I.C 1993/46) of the *Education Act*, and the *Access to Information and Protection of Privacy Act*, Section 15(c)(i). It will be used for the purposes of managing teacher qualification/ licensure/ registration programs. For further information about the collection of this information, contact the Registrar, Yukon Teacher Certification (E-15), Box 2703, Whitehorse, Yukon Y1A 2C6, or by phone at 867-471-0921 or email TeacherCertification@yukon.ca.