

## VERIFICATION OF TEACHING EXPERIENCE

To be completed by employer:

Name Of Teacher:	
Address:	
	Postal Code:

**The employing authority must complete the following:  
Please list by number of days worked in each school year (July-June).**

THIS WILL VERIFY that the above teacher was employed:

From	day/	mo/	yr/	to	day/	mo/	yr/	total full days or full day equivalents

**NOTE:** 1 FULL DAY EQUALS A MINIMUM OF 5 ½ HOURS.

Please verify the following by circling **Yes or No**

- |    |   |     |    |
|----|---|-----|----|
| 1. | A teaching certificate was necessary for employment;                                      | YES | NO |
| 2. | The employee was under the supervision of a recognized educational authority;             | YES | NO |
| 3. | The employing authority was supported by public funds or was eligible for public funds;   | YES | NO |
| 4. | Programs of study were relevant to programs of study offered in the public school system; | YES | NO |
| 5. | Brief Job Description (Indicate age of children)  |     |    |

---



---



---

**NOTE:** Programs of study (K - 12) must be relevant to Public School Instruction. Nursery School and /or pre-Kindergarten experience is acceptable only if all of the above criteria have been met.

### NAME AND ADDRESS OF EMPLOYING AUTHORITY (Please Print)

Signature of Employer	Position:	Date:
Name of Employing Authority (please print)		
Address:		
Postal Code:	Telephone No.:	

Return to: Professional Certification Unit  
402 Main Street,  
P.O. Box 700  
Russell MB R0J 1W0 Canada

Ph: 1-204-773-2998  
Fax: 1-204-773-2411

This personal information is being collected under the authority of the Education Administration Act 515/88 and will be used for ongoing verification of certification and notification. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Program Director, Professional Certification Unit.