

# VERIFICATION OF TEACHING EXPERIENCE



## To be completed by employer:

Full Name of Teacher:	
Full Mailing Address:	
	Postal Code:

The employing authority must complete the following:

Please list by number of days worked in each school year (July-June).

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.

### 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 and Student Records Unit  
 402 Main Street N.  
 P.O. Box 700  
 Russell MB R0J 1W0  
 Canada

Ph: 1-204-773-2998 ext. 224  
 Fax: 1-204-773-2411

This personal information is being collected under the authority of Manitoba Regulation 115/2015 made under The Education Administration Act, and will be used for ongoing verification of certification and notification. Personal information is protected under The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact Professional Certification and Student Records Unit, Box 700, Russell MB R0J 1W0 ph. 1-800-667-2378 or 1-204-773-2998.