

STATEMENT OF TEACHING SERVICE (K-12)

Surname First Name Initial Previous Name (if applicable)

Social Insurance Number _____

SCHOOL & DISTRICT IN WHICH THE TEACHING SERVICE WAS COMPLETED:

District _____ School _____

Address _____

Postal Code/Zip Code _____ Tel. No. _____ Fax No. _____

Description of the Teaching position held by the above named teacher: _____

***The following section is to be completed by an authorized official of the school or school board and returned directly to:

Teacher Certification
Department of Education
P.O. Box 8700, St. John's, NL A1B 4J6
Or Fax: (709) 729-5026

Do not return this form to the teacher

Provide the requested information below for each year the teacher has taught in this school. The information must include the beginning and end dates of employment; status as full-time or the percentage of full-time; and the number of days that define a normal year of teaching in this school.

Photocopy this form if more than one page is required.

Years taught dd/mm/yy	Status: F/T or P/T(%)	No. of full time days or full time equivalent days taught, including holidays, paid leave, etc.	How many days comprise a full time teaching year in this school or district ?	Dept. of Education use only	
				Code	Days Credited
____/____/____ to ____/____/____					
____/____/____ to ____/____/____					
____/____/____ to ____/____/____					
____/____/____ to ____/____/____					
____/____/____ to ____/____/____					
____/____/____ to ____/____/____					
____/____/____ to ____/____/____					

I certify the above information is a true and accurate statement of *teaching service* for the above named teacher.

Authorized Official (print and signature)

Position

Date

