Government of Newfoundland and Labrador
Department of Education and Early Childhood Development

Application
Previous Post Secondary
Teaching Experience Recognition

for advanced placement on NL Teacher salary scale

TEACHER CERTIFICATION

Department of Education and Early Childhood Development
P.O. Box 8700, St. John's, NL A1B 4J6
Email: teachercertification@gov.nl.ca
Phone: (709) 729-3020
Fax: (709) 729-5026

APPLICATION FOR PREVIOUS POST SECONDARY TEACHING EXPERIENCE RECOGNITION

After carefully reading the criteria for past teaching experience recognition in Article 21 of the NLTA Provincial Collective Agreement please complete the application form and send it to: ***Teacher Certification,*** **Department of Education and Early Childhood Development, P.O. Box 8700, St. John's, NL A1B 4J6**
Supporting documents from employers must be sent to this address as well.

1. REQUIRED DOCUMENTATION CHECKLIST

Check list of required documents to submit as part of the application process for teaching experience recognition.

	Enclosed	Requested
1. Completed application form	☐	☐
2. Letters from each employer listed by you in the application form	☐	☐

2. IDENTIFICATION AND CONTACT INFORMATION

In order to match the supporting documents from employers with the application, it is important that applicants provide accurate identifying information. Please complete the following.

First Name:	Middle Name (s):	Surname:
Previous Name(s):	**Date of Birth:**	**Social Insurance Number:**

Mailing Address:

Telephone Number (Home):	Telephone Number (Work):	Cell Phone:

Work Address:

E-Mail Address:

NL Teacher's Certificate Level:

3. LIST PAST TEACHING EXPERIENCE

Include information for each employer who will sending a letter on your behalf starting with the most recent.

Most Recent Employer where Past Teaching Experience was gained:

Name of School and Address:

Name of School District:

Describe Your Assignment:

Subject(s)Taught:

Length of Time at this Assignment: (opening and closing dates of employment each year):

Total # of courses taught each year

Were you hired Full or Part time

Name of supervisor or individual submitting a letter on your behalf:

Title of Supervisor submitting a letter on your behalf:

Next Most Recent Employer where Past Teaching Experience was gained:

Name of School and Address:

Name of School District:

Describe Your Assignment:

Subject(s)Taught:

Length of Time at this Assignment: (opening and closing dates of employment):

Total # of courses taught each year

Were you hired Full or Part time

Name of supervisor or individual submitting a letter on your behalf:

Title of Supervisor submitting a letter on your behalf:

Next Most Recent Employer where Past Teaching Experience was gained:

Name of School and Address:

Name of School District:

Describe Your Assignment:

Subject(s)Taught:

Length of Time at this Assignment: (opening and closing dates of employment):

Total # of courses taught each year

Were you hired Full or Part time

Name of supervisor or individual submitting a letter on your behalf:

Title of Supervisor submitting a letter on your behalf:

DECLARATION	
I declare that this information is complete and accurate to the best of my knowledge. I authorize the Department of Education and Early Childhood Development to verify the above information.	
Signature:	Date:

FOR OFFICE USE ONLY	
Evaluator:	Years Approved:
	Effective Date: (based upon date of receipt of all required documentation)