

STATEMENT OF TEACHING SERVICE (K-12)

SECTION I: TO BE COMPLETED BY TEACHER:

Surname _____ First Name _____ Initial _____ Previous Name (if applicable) _____

Social Insurance Number _____ Tel. No. _____

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: _____

SECTION II: TO BE COMPLETED BY AN AUTHORIZED OFFICIAL OF SCHOOL OR SCHOOL BOARD AND RETURNED DIRECTLY TO:

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

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.)*

	School year DD / MM / YY	Status: F/T or P/T(%)	How many days comprise a full- time teaching year at your school?	No. of full-time days teacher taught (or full-time equivalent days) including holidays, paid leave, etc.	Dept. of Education use only Code Days Credited
1.	to				
2.	to				
3.	to				
4.	to				
5.	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) _____ Email Address _____ Position _____ Date _____