

## 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](mailto: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 <u>DD / MM / YY</u>	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) <b>including</b> 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 \_\_\_\_\_