

Verification of Previous Teaching Experience

TEACHER: _____ Maiden or Other Previous Last Name, First Name _____
 Last, First, Middle Initial _____
 SIN _____ Current Provincial Certification: _____ Expiry Date: _____ YY/MM/DD

List below, any teaching experience for the above named teacher, which meets the following criteria for recognizing previous teaching experience:

- Instructional days under contract in a position which required an Alberta teaching certificate excluding leaves of absence without pay
- Days employed as a day-to-day substitute teacher within the preceding five years which required an Alberta teaching certificate

FROM YY/MM/DD	TO YY/MM/DD	NUMBER OF INSTRUCTIONAL DAYS	F.T.E.	TOTAL

TOTAL: _____ YEARS _____ DAYS

This is to certify that the above named teacher taught for the time period(s) indicated, including the number of years and days, under the conditions listed above for recognizing previous teaching experience.

School Board: _____ School District No. _____

Address: _____

City: _____ PC: _____

e-mail address: _____ Phone: (_____) _____

Authorized Official: _____ Signature _____ Date _____ Title: _____

Please Return this form to:
 Alberta Conference of Seventh-Day Adventist Church
 37541 Hwy #2, Red Deer County, AB T4E 1B1
 Ph: 403-342-5044, ext.212; Fax # (403)343-1523