Lethbridge School District No. 51



**433-15 Street South**

**LETHBRIDGE, Alberta**

**T1J 2Z5**

**Phone (403) 380-5297 Fax (403) 320-5706**

**1. VERIFICATION OF TEACHING EXPERIENCE**

This form is to be completed by an authorized school district personnel.

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was employed

(Teacher’s Name)

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a teacher.

(School Jurisdiction Name)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Period of Employment  Indicate commencement and termination date. | | | | | | | Nature of Employment  Indicate full-time or part-time F.T.E. | Number of complete full-time school years or number of days if part-time or a partial year. |
| yy | mm | dd | to | yy | mm | dd |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

for a total of year(s) and days.

This is to confirm that the aforesaid employment did not include substitute teaching.

This is to certify that during the periods of teaching aforesaid, the teacher, at all times, was in possession of a valid teaching credential issued by the appropriate government authority regulating certification of teachers in the jurisdiction in which the aforesaid school jurisdiction is located.

This is to certify that the teacher during all periods of teaching aforesaid was teaching a curriculum approved by the appropriate governmental authority governing the provision of education in the territory in which the school jurisdiction aforesaid was located.

**2. Verification of Teaching Experience for Certification Purposes**

In addition to the above, the aforesaid teacher has been employed as a substitute teacher

for days in two consecutive years prior to the last date listed above.

**PLEASE RETURN TO:**

# Attn: Rik Jesse, Associate Superintendent

Lethbridge School District No. 51

433 – 15 Street South

Lethbridge, Alberta T1J 2Z5

**FAX: (403) 320-5706**

**PLEASE MAIL ORIGINAL**

(Signature of Authorized Personnel)

(Print Name and Title)

(Date)