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 EmploymentIndicate commencement and termination date. | Nature of EmploymentIndicate 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)