



**BLACK GOLD
REGIONAL
DIVISION NO. 18**

Verification of Teaching Experience

This is to certify that _____ was employed

by _____ as a teacher for the noted period(s):

Period of Employment Indicate commencement and termination date.							Nature of Employment Indicate full-time or part-time FTE/Substitute Teaching days.	Number of complete full-time school years or number of days if part-time or a partial year.
yyyy	mm	dd	to	yyyy	mm	dd		

For a total of _____ year(s) and _____ days.

All boxes must be checked off:

- 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 above experience was not earned while the teacher held a letter of authority or a pre-certification letter.
- 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.

Name: _____ Position: _____

Signature: _____ Date of Completion: _____