



EVALUATION OF WORK EXPERIENCE FOR SALARY PURPOSES

Name: _____
Surname Maiden First Name Middle Name

New Brunswick Certification No.: (7 digits) _____

Date of Birth: _____
(yyyy) (mm) (dd)

E-mail Address: _____

Mailing Address: _____

Telephone Numbers:

Home: _____

Work: _____

Cell: _____

Your former employers must provide us with a letter, signed and on letterhead, with the following information:

- Opening and closing dates** of employment with **total experience** indicated in **years** and **days**;
- Level of instruction provided and status of **full time** or **part time** contract.

Please list all employers and periods of experience:

	Employers/School Districts	Province/State/Country	Dates From (D/M/Y) To
1			
2			
3			
4			
5			

Please ensure that all **supporting documents** are included when submitting your application and allow **4 weeks to 25 work days processing** after all documents have been received.

Signature

Date

- Apply before October 31 for evaluated experience effective July 2 of the same year.
- Apply before March 31 for evaluated experience effective January 2 of the same year.

Office of Teacher Certification - Department of Education and Early Childhood Development
P.O. Box 6000, Fredericton, NB E3B 5H1 Tel.: (506) 453-2785 Fax.: (506) 453-5349

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