



FORM G

Evaluation of Work Experience for Salary Purposes

IMPORTANT INFORMATION AND DEADLINES

- Please fill out this form, attach all letters from previous employers and send all documents to the Office of Teacher Certification by mail or email. See contact information on page 3.
- Your application will be processed once all we have received all the supporting documents. Allow **20 to 25 business days** for processing.
- **Related work experience cannot be considered if it is acquired while the applicant is in a full-time teaching position.**

PERSONAL INFORMATION

Last Name			
First Name			
Middle Name			
Maiden Name			
Certification No.			
Date of Birth	YEAR:	MONTH:	DAY:
Phone Numbers	HOME:	WORK:	CELL:
Email address			
Mailing Address	No.	STREET:	APT.:
	CITY:	PROVINCE:	POSTAL CODE:

WORK EXPERIENCE (Recognition of experience cannot exceed 11 years.)

Teaching Experiences

- Please submit any school teaching experience gained **outside** New Brunswick public schools (k-12).
- Please submit any teaching experience gained in colleges or universities.
- For full time jobs, submit letters of employer stating the **number of teaching days** accumulated.
- For part time jobs, submit letters of employer stating the **number of teaching hours** accumulated.
- A New Brunswick school year is 195 days.
- Any teaching experience gained **in** New Brunswick K-12 public schools must be dealt with by school districts.

Related work experience

Examples of related work experience that may be recognized (paid or volunteer): educational assistant, summer camp animator, sports coach, daycare worker, facilitator or supervisor in a YMCA, facilitator with social or religious groups, mentor).

- **Related work experience cannot be considered if it is acquired while the applicant is in a full-time teaching position.**
- In order to be recognized for salary purposes, related work experience must have been acquired during a minimum of four months with the same employer.
- For full time jobs, indicate the number of days.
- For part time experience, indicate total number of hours.

	EMPLOYER	PROVINCE / STATE / COUNTRY	START AND END DATES (MONTH/DAY/YEAR)	TEACHING EXPERIENCE NUMBER OF TEACHING DAYS (FULL TIME) OR TEACHING HOURS (PART TIME)	RELATED WORK EXPERIENCE NUMBER OF DAYS (FULL TIME) OR HOURS (PART TIME)
1					
2					
3					
4					
5					
6					

SUPPORTING DOCUMENTS REQUIRED



Letter(s) from previous employer

For each work experience, you must attach a letter from your employer. This letter must be printed on letterhead, signed, and contain the following information:

- employer's address and phone number;
- start and end dates of employment, specifying the total number of days of experience;
- if part-time job, the letter must specify the total number of working hours;
- short description of tasks if it is a related work experience.

The Office of Teacher Certification reserves the right to request other documents.

DECLARATION

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I authorize any person, government, administration, educational institution, police force, military authority, governing body, or other organization enquired of under this authorization to provide the New Brunswick Department of Education and Early Childhood Development with all relevant information or documentation requested. I accept responsibility for advising the Department, in writing, of any change to the information contained in this application.

Signature

Date

CONTACT INFORMATION

Mailing Address

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

teachercertification@gnb.ca

Physical Address (For documents sent by private couriers such as Purolator, FedEx, UPS)

Office of Teacher Certification
Department of Education and Early Childhood Development
Place 2000
250 King Street
Fredericton NB E3B 9M9

JANUARY 2024