

CERTIFICATION OF TEACHING EXPERIENCE

To be forwarded directly by the signing authority issuing this certificate to:

Teacher Qualification Board
Department of Education
Government of Yukon Territory
P.O. Box 2703
Whitehorse, YT Y1A 2C6

This is to certify that _____

Taught in the school (s) operated by:

(Name and address of School Board)

		Full/part time (%)
From _____	To _____	_____
From _____	To _____	_____
From _____	To _____	_____

For a total period of _____ years _____ months.

Please confirm the following:

1) A valid teaching certificate issued by the Provincial/Territorial Department of Education (or equivalent government authority in the case of experience gained outside of Canada) was a requirement for employment. YES NO

2) The teaching experience was gained at an institution in which the curriculum was accredited by the Provincial/Territorial Department of Education (or equivalent government authority outside of Canada). YES NO

Date

Authorized signature

Title