



# PUBLIC SCHOOL EDUCATOR INFORMATION REPORT AS AT SEPTEMBER 30

2001

DO NOT PRINT IN SHADED AREAS. TO CORRECT PRE-PRINTED ERRORS, DRAW A LINE THROUGH THE ERROR AND PRINT CORRECT INFORMATION IN THE SPACE PROVIDED

## A. SCHOOL AND PERSONAL INFORMATION

MINISTRY SCHOOL CODE	1. SCHOOL NAME	COMPLETION DATE <b>2009/09/30</b>
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2. TITLE  
 A.  MR. B.  MRS. C.  MISS D.  DR. E.  MS.

3. SURNAME	4. GIVEN NAME, IINITIALS
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5. PREVIOUS SURNAME	6. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. BIRTHDATE YYYY   MM   DD	8. SOCIAL INSURANCE NUMBER
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## B. CERTIFICATION

9. CURRENT BC PUBLIC TEACHING CERTIFICATE: **MARK (X) ONE BOX ONLY**

A. <input type="checkbox"/> PROFESSIONAL	B. <input type="checkbox"/> STANDARD	C. <input type="checkbox"/> BASIC	E. <input type="checkbox"/> LETTER OF PERMISSION
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## C. EXPERIENCE

10. YEARS OF TEACHING EXPERIENCE TO END OF **JUNE, 2009** (NOTE: 10 MONTHS TEACHING = 1 YEAR)

	YEARS	MONTHS	
A. WITHIN BC PUBLIC SCHOOL SYSTEM →	A.		DO NOT INCLUDE EXPERIENCE OTHER THAN TEACHING (EG. TRADES EXPERIENCE, MILITARY WHICH IS CREDITED FOR SALARY PURPOSES) INCLUDES ALL TEACHING OUTSIDE THE BC PUBLIC SCHOOL SYSTEM, INCLUDING EXCHANGE TEACHING
B. OUTSIDE BC PUBLIC SCHOOL SYSTEM →	B.		

## D. VERIFICATION

11. SIGNATURE OF EDUCATOR <i>I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS COMPLETE AND ACCURATE</i>	12. Date
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