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PART 1: TO BE COMPLETED BY APPLICANT SEEKING INDEPENDENT SCHOOL TEACHER CERTIFICATION IN BRITISH COLUMBIA AND SENT TO CURRENT OR FORMER EMPLOYERS.

MR. MISS	MRS.	MS.	SURNAME				GIVEN NAMES	
TITLE (CIRCLE ONE)								
DR. REV.	SR.	BR.	FR.					
USED GIVEN NAMES				OTHER PREVIOUS SURNAMES				
M / F	DATE OF BIRTH: YEAR MONTH DAY			STREET ADDRESS				
CITY			PROVINCE		POSTAL CODE		COUNTRY	TELEPHONE: HOME () WORK ()

PART II: TO BE COMPLETED BY CURRENT OR FORMER EMPLOYER AND SENT DIRECTLY TO:

**MINISTRY OF EDUCATION
OFFICE OF THE INSPECTOR OF
INDEPENDENT SCHOOLS
PO BOX 9153 STN PROV GOVT
VICTORIA BC V8W 9H1**

This certifies that _____ was/is
(Name of applicant above)

employed at _____ located
(Name of School/District)

at _____ (City)
(Address of School/District)

_____ (Province/State/Country) from: _____ to: _____
(Employment commencement to departure (if applicable))

THIS CERTIFIES THAT THE ABOVE NAMED APPLICANT REMAINS IN GOOD STANDING AND WOULD NOT BE JUDGED TO BE UNFIT OR OF UNSUITABLE CHARACTER FOR WORKING WITH CHILDREN.

Name of Signing Official: _____ Title: _____
(please print)

Signature: _____ Date: _____