



Education
Box 2703, Whitehorse, Yukon Y1A 2C6

CERTIFICATION OF TEACHING EXPERIENCE

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

Registrar
Department of Education
Government of Yukon
Box 2703
Whitehorse, YT Y1A 2C6

This is to certify that _____

Taught in the school (s) operated by:

Name and address of School Board

From _____ to _____

From _____ to _____

From _____ to _____

For a total period of _____ years _____ month

Dated at _____
City, Province/Territory

Signature _____

Title _____