Saskatchewan Professional Teachers Regulatory Board

204-3775 Pasqua Street
Regina, SK S4S 6W8
Email: registrar@sptrb.ca
www.sptrb.ca

Phone: 306-352-2230
Toll free: 1-844-254-2230
Fax: 306-352-0022

Confirmation of Employment

Teacher Full Legal Name:

_____ _____ _____
Surname *Given Name* *Middle Name*

Date of Birth: _____
Month/Day/Year

Employing School Division
or Recognized Employer: _____

Type of Contract: ☐ Full Time Start Date: _____
Month/Day/Year

☐ Temporary

☐ Substitution List

Complete this area if the Teacher already holds a Provisional Certificate

Saskatchewan Teaching Certificate Number:
(if applicable)

☐ Recommendation for Permanent Certification

☐ Confirmation of 190 days of successful teaching

# of days

_____ _____
Date Signature (Director of Education or Approved Supervisor)

June 2018