



**SPECIAL REVIEW
FORM G**

Review of the Evaluation of Work Experience
for Salary Purposes

IMPORTANT INFORMATION

- Please complete this form if you wish to request a review of your work experience assessment for salary purposes.
- If, as of September 2023, you have reached a total of 11 years of teaching experience in New Brunswick public school, a review of work experience will not change your salary.
- You should complete this form only if you have previously submitted work experience in the following categories:
 - Teaching in **private** elementary and high schools in Canada or elsewhere in the world,
 - Teaching in Canadian or foreign post-secondary institutions (e.g. **public or private universities or colleges**)
 - Related work experiences
- Send this form by email or mail to the New Brunswick Office of Teacher Certification. See page 2.
- We will carry out the review and then return this form to you with the result of the review. **You will then be responsible to give this form to your employer so they can adjust your salary if needed.**

PERSONAL INFORMATION

| | | | |
|---------------------------|-------|-----------|--------------|
| Last Name | | | |
| First Name | | | |
| Middle Name | | | |
| Maiden Name | | | |
| Teacher Certification No. | | | |
| Date of Birth | YEAR: | MONTH: | DAY: |
| Phone Numbers | HOME: | WORK: | CELL: |
| Email address | | | |
| Mailing Address | No. | STREET: | APT.: |
| | CITY: | PROVINCE: | POSTAL CODE: |

DECLARATION

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I authorize any person, government, administration, educational institution, police force, military authority, governing body, or other organization enquired of under this authorization to provide the New Brunswick Department of Education and Early Childhood Development with all relevant information or documentation requested. I accept responsibility for advising the Department, in writing, of any change to the information contained in this application.

| | |
|-----------|------|
| | |
| Signature | Date |

CONTACT INFORMATION

Mailing Address

Office of Teacher Certification
 Department of Education and Early Childhood
 Development
 P.O. Box 6000
 Fredericton NB E3B 5H1

Tel.: 506-453-2785
 Fax: 506-453-5349
teachercertification@gnb.ca

Physical Address (For documents sent by private couriers such as Purolator, FedEx, UPS)

Office of Teacher Certification
 Department of Education and Early Childhood Development
 Place 2000
 250 King Street
 Fredericton NB E3B 9M9

REVIEW OF PREVIOUS WORK EXPERIENCE

To be completed by teacher certification staff

| | | |
|--|---------------|------------------------|
| Previous work experience recognized | Total: | Effective Date: |
| Previous work experience not recognized | Total: | |
| NEW TOTAL OF RECOGNIZED WORK EXPERIENCE | TOTAL: | EFFECTIVE DATE: |

Evaluation done by _____

Signature of the registrar _____