

FORM 1B

ASIA PACIFIC THEOLOGICAL ASSOCIATION
TEACHER CERTIFICATION

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TEACHER CERTIFICATION

EXPERIENCE REFERENCE FORM

Name of Applicant: _____

The above applicant is applying for teacher certification with the Asia Pacific Theological Association. Please fill out this form and return it to:

Dr. Alex Fuentes, Executive Director
P.O. Box 13844 Ortigas Center Post Office
1605 Pasig City
Philippines

Name and position of person completing this form: _____

Name of school : _____

How many years have you known the applicant? _____

Name of school : _____

How many years have you known the applicant? _____

Number of years the applicant taught at the school? _____

List the academic years in which the applicant has taught a minimum of three courses or