

**ASIA PACIFIC THEOLOGICAL ASSOCIATION  
TEACHER CERTIFICATION**

**EXPERIENCE REFERENCE FORM**

**Name of Applicant:** \_\_\_\_\_

The above applicant is applying for a teacher certification with the Asia Pacific  
Theological Association

(APTA). Please fill out this form and return it to:

**APTA, P.O. Box 13844, Ortigas Center, 1605 Pasig City, PHILIPPINES**  
Thank you

\_\_\_\_\_  
Name of Person completing this form: \_\_\_\_\_

Name of School \_\_\_\_\_

Position: \_\_\_\_\_

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 the minimum of three courses or  
equivalent of 75 classroom hours:

\_\_\_\_\_

Has the applicant participated in faculty development programs offered by your school? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date