



Employee Assistance Program for Teachers Teacher Verification Form

THIS IS TO VERIFY THAT I HAVE SEEN

Name of Counsellor

Dates	Number of Counselling Hours

FOR THE MONTH OF: _____, 20 ____

Teachers' Signature

EAP #

SUBMIT WITH COUNSELLOR INVOICE FORM

Employee Assistance Program for Teachers

3 Kenmount Road, St. John's, NL A1B 1W1

709-726-3223 or 1-800-563-3599