

## VERIFICATION OF EDUCATION EXPERIENCE

*Applicants for an Administrator license are required to show proof of at least three (3) years of education experience.*

**To be completed by applicant:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*Last First Middle/Maiden*

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**\*\*NOTE: If your three years' education experience was split between two or more school districts, you may make a copy of this form to send to each applicable district.**

**The information below is to be completed by Human Resources/Personnell office and returned to the applicant for inclusion in the application packet:**

This is to certify that educator \_\_\_\_\_,

Social Security # \_\_\_\_\_, has successfully completed \_\_\_\_\_ years of

**experience as a K-12 educator in our district:**

**Note:** Teaching Experience is defined as experience accrued by a properly licensed staff member in a grade or subject under legal contract to an accredited public, private, elementary, or secondary (N-12) school; or teaching experience accrued at a state-approved or regionally/nationally accredited Community/Junior College or Institution of Higher Learning.

\* **Examples:** 2<sup>nd</sup> grade elementary teacher, 8<sup>th</sup> grade biology teacher, etc.

*Educational experience as an intern, graduate assistant, student teacher or in positions such as substitute teacher, aide, or clerical worker, **will not** be considered appropriate.*

| Name of School | Start/Ending Date<br>Mo/Day/Year | TOTAL<br>YEARS | POSITION<br>Or GRADE* | School State<br>Accredited?<br>(Yes or No) |
|----------------|----------------------------------|----------------|-----------------------|--|
|                |                                  |                |                       |  |
|                |                                  |                |                       |  |
|                |                                  |                |                       |  |

\_\_\_\_\_  
*Signature of Human Resources or Personnel Director*

\_\_\_\_\_  
*Position*

\_\_\_\_\_  
*Name of School District*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Phone*