VERIFICATION OF EXPERIENCE

The Mississippi Department of Education requires verification of relevant work experience for the issuance of certain educator and/or administrator licenses. If the experience was completed under more than one employer, a separate form must be submitted for each employer.

TO BE COMPLETED BY THE APPLICANT:

Last Name  First Name  Middle/Maiden  Educator ID #

TO BE COMPLETED BY CURRENT AND/OR PREVIOUS EMPLOYER:

This is to certify that _________________________________ has served satisfactorily in our district/school/organization in the following position(s) during the dates specified:

<table>
<thead>
<tr>
<th>Name of District/School/Organization</th>
<th>Start/Ending Date Month/Day/Year</th>
<th>Total Years</th>
<th>Position/ Grade Level</th>
<th>*School State Accredited? Yes/No/NA</th>
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<td>□ Yes  □ No  □ NA</td>
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Note: Teaching/Administrative Experience is defined as experience accrued by a properly licensed staff member under legal contract with an accredited public or private elementary or secondary (N-12) school, or Teaching/Administrative experience accrued at a state-approved or regionally/nationally accredited Community/Junior College or Institution of Higher Education. Experience as an intern, graduate assistant, student teacher, or in a position such as substitute teacher, aide, or clerical worker will not be considered.

*Select “NA” if applying for a Three-Year Alternative Administrator License for Non-Education Prospective Superintendents.

_________________________________________ ______________________
Signature of Superintendent, Principal, or Personnel Staff  Title

_________________________________________ ______________________
Typed or Printed Name  Phone

_________________________________________ ______________________
Name of District/School/Organization  State

Date