

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:

Name of District/School/Organization	Start/Ending Date Month/Day/Year	Total Years	Position/Grade Level	*School State Accredited? Yes/No/NA
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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