

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
 Office of Teaching Initiatives  
 89 Washington Avenue  
 Albany, New York 12234  
[www.highered.nysed.gov/tcert](http://www.highered.nysed.gov/tcert)

**Verification of Paid Experience and Evaluation Ratings for Leadership Certificates under the Endorsement Pathway**

All paid experience and evaluation ratings for the Initial School Building Leader, Professional School District Business or School District Leader certificates must be verified by the Public School Superintendent, Assistant Superintendent for Human resources or the equivalent.

Instructions for Certificate Holder:

Please complete Section I and submit the form to your employer(s) for completion of Section II. **A separate form must be completed by each school district.**

Instructions for the Employer:

Please complete Section II and III. This form must be completed by the Superintendent of the school district, Assistant Superintendent for Human resources or the equivalent, verifying that the certificate holder completed experience within the title of the certificate(s) held with the exception of the School District Leader which needs to be verified by the School Board or the equivalent. The form must be submitted to the Office of Teaching Initiatives by the school District via email to: [otixpverif@nysed.gov](mailto:otixpverif@nysed.gov); or by mail to the address listed above. This form is not acceptable if faxed.

Section I: To be completed by the certificate holder			
First Name: _____	Last Name: _____	Middle Initial: _____	
Date of Birth: _____/_____/_____	Last 4 Digits of the Social Security Number: _____		
Certificate title(s) you are requesting this form be completed for: _____			
Under Commissioners Regulation's for the Endorsement pathway, 80-5.8, a school leader must have at least three years of satisfactory experience in a public school (grades birth-12) in another state or territory of the United States or the District of Columbia in a position that would have required the equivalent of an Initial or Professional School Building Leader or a Professional School District Business or School District Leader certificate in the certificate title sought as a teacher in the classroom teaching service for employment in New York State and have received evaluation ratings of effective or highly effective, or the substantial equivalent of such ratings, in each of his or her three most recent years of experience in a public school in another state or territory of the United States or the District of Columbia in the certificate title sought as a teacher in the classroom teaching service for employment in New York State.			
Name of School District: _____			
Street Address: _____	City: _____	State: _____	Zip Code: _____
Position: _____ (Indicate title/subject and grade level)			
<input type="checkbox"/> Full-time: from: ____/____/____ to ____/____/____ Total Number of days worked _____ <small style="margin-left: 100px;">(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>			
Evaluation Rating: <input type="checkbox"/> Effective or Higher or the substantial equivalent <input type="checkbox"/> Below Effective <input type="checkbox"/> Not rated			

**Employment year 2: Please list each school year separate**

Position: \_\_\_\_\_  
(Indicate title/subject and grade level)

Full-time: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Number of days worked \_\_\_\_\_  
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Evaluation Rating:  Effective or Higher or the substantial equivalent  
 Below Effective  
 Not rated

**Employment year 3: Please list each school year separate**

Position: \_\_\_\_\_  
(Indicate title/subject and grade level)

Full time: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Number of days worked \_\_\_\_\_  
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Evaluation Rating:  Effective or Higher or the substantial equivalent  
 Below Effective  
 Not rated

**Employment year 4: Please list each school year separate**

Position: \_\_\_\_\_  
(Indicate title/subject and grade level)

Full time: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Number of days worked \_\_\_\_\_  
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Evaluation Rating:  Effective or Higher or the substantial equivalent  
 Below Effective  
 Not rated

**Employment year 5: Please list each school year separate**

Position: \_\_\_\_\_  
(Indicate title/subject and grade level)

Full time: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Number of days worked \_\_\_\_\_  
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Evaluation Rating:  Effective or Higher or the substantial equivalent  
 Below Effective  
 Not rated

**Section III**

I verify that the individual listed above gained the paid experience and had evaluations as listed above at the public school of which I am the Superintendent, Assistant Superintendent for Human Resources or the equivalent.

Print name of administrator: \_\_\_\_\_

Signature of administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_