

Verification of Paid Experience Form for Classroom Teachers and Pupil Personnel Services Professionals

This form must be completed and submitted by one of the following individuals: Superintendent, Superintendent’s designee, Director of Human Resources, Chief School Officer of the approved non-public/independent school, or in the case of Speech and Language Disabilities or Students with Disabilities experience only, the authorized official listed for the approved contracting agency.

To verify classroom teaching experience, **New York State employers with access to TEACH** should enter a Superintendent Statement onto the TEACH Online System instead of this form. All pupil personnel service experience must be submitted via this form.

Instructions

The form must be completed and submitted **by the employer** and must be sent to the Office of Teaching Initiatives via email to otixpverif@nysed.gov . **The Office of Teaching Initiatives will not accept the form if it is sent by the applicant.** It is suggested that the employer provide the certificate holder with a copy of this completed form for his/her records.

If the applicant is/was employed via contract with a public school district as a Speech and Language Disabilities or Students with Disabilities teacher, the employer must submit a copy of the contract with the public school district in addition to this form.

When completing the form, include the position (subject/title) and specific grade(s) taught for each year of employment.

- **Examples of acceptable entries:** Childhood Education – grade 5, Earth Science – grades 7-9, Students with Disabilities/Special Education – Pre-Kindergarten. Acceptable teaching experience would be within the grade/age level range of the certificate title sought.
- **Examples of unacceptable entries:** “teacher”, “science teacher”, or wording that does not clearly identify the position or subject taught (e.g., abbreviations, acronyms); “middle school”, “high school”, or wording that does not clearly identify the specific grade(s) taught.

The end date of employment must be on or before today’s date; future end dates, "to present", and/or incomplete forms will not be accepted.

Employee Information		
First Name:	Last Name:	Middle Initial:
Date of Birth: ____/____/_____(mm/dd/yyyy)	Last 4 Digits of Social Security Number:	
Certificate title(s) for which the certificate holder is requesting this form be completed:		
Full-Time Experience		
If the applicant was employed in a continuous, full-time position for an entire academic year, enter the academic year of employment (e.g., 2018-2019), position, and grade level(s) taught (see instructions above). One academic year is considered 180 days between July 1 and June 30. For all other experience, please complete the "Part-Time Experience" section on the next page.		
Academic Year:	Position (Subject/Title):	Grade Level(s):
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Part-Time Experience

If the applicant was employed part-time, enter the total full-time equivalent days worked during each academic year. A maximum of 180 days in an academic year can be accepted (July 1 – June 30). **Hourly employment must be converted to full-time equivalencies.**

Employment Year 1: From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)

Position (Subject/Title):

Grade Level(s):

Total number of full-time equivalent days worked: _____

- a. During the academic year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days.
- b. During the academic year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period.
- c. Neither a or b.

Employment Year 2: From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)

Position (Subject/Title):

Grade Level(s):

Total number of full-time equivalent days worked: _____

- a. During the academic year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days.
- b. During the academic year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period.
- c. Neither a or b.

Employment Year 3: From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)

Position (Subject/Title):

Grade Level(s):

Total number of full-time equivalent days worked: _____

- a. During the academic year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days.
- b. During the academic year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period.
- c. Neither a or b.

For additional years, please make copies of this page to extend the form.

Attestation of Experience

I verify that the indicated individual gained the paid experience listed above at the public/private school of which I am the Superintendent, Superintendent's designee, Director of Human Resources, Chief School Officer of the approved non-public/independent school, or, in the case of Speech and Language Disabilities or Students with Disabilities experience only, the authorized official listed for the approved contracting agency.

Name of School or Employer:

Address of School or Employer:

Print Name of Administrator:

Administrative Title:

Signature of Administrator:

Today's Date: / / (mm/dd/yyyy)

Email:

Phone Number: ()