

## 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 or Professional School District Business Leader certificates must be verified by the public-school Superintendent, Assistant Superintendent for Human Resources, or its equivalent. School District Leader experience must be verified by the school board or its equivalent.

**Instructions for Certificate Holder:** Please complete Section I and submit the form to your employer(s) for completion of Section II. **If you completed experience at more than one school district, a separate form must be completed by each 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 its equivalent, verifying that the certificate holder completed experience within the title of the certificate(s) held. **There is one exception: School District Leader experience must be verified by the school board or its equivalent.** This form must be submitted to the Office of Teaching Initiatives by the school district (or board) via email to: [otixpverif@nysed.gov](mailto:otixpverif@nysed.gov) or by mail to the address listed above.

If all the administrative experience to be reviewed is not in one of the traditional titles, such as Principal, Assistant Principal, Department Chairperson, then additional documentation is needed as listed below:

- a. An official statement giving a detailed job description of the administrator position held.
- b. Organizational chart of school administration showing where you fit in the school structure.
- c. A copy of the administrator's daily schedule.
- d. Date of appointment and, for public school services, a copy of the board resolution.
- e. The percentage of time devoted to each major duty assignment.
- f. Verification that the job is not a classified civil service appointment.
- g. Verification of whether the applicant is in the administrative or teacher's tenure - or both.

Section I: To be completed by the certificate holder			
First Name:	Last Name:	Middle Initial:	
Date of Birth: ____/____/____ (mm/dd/yyyy)	Last 4 Digits of the Social Security Number: ____ ____ ____ ____		
Certificate title(s) you are requesting this form be completed for:			
Section II: To be completed by the public-school district			
Under Commissioner's Regulation for the Endorsement pathway, 80-5.20, a school leader must have: <ul style="list-style-type: none"> <li>- at least three years of satisfactory experience in a public school (grades birth-12) in another single 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, Professional School District Business Leader, or School District Leader certificate for employment in New York State (such experience must have been completed within five years immediately preceding the application);</li> <li>- 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 a single state, territory of the United States, or the District of Columbia, in the certificate title sought in the Educational Leadership service for employment in New York State.</li> </ul>			
Name of School or Employer:			
Street Address:	City:	State:	Zip Code:
Employment Year 1 (most recent school year): Please list each school year separately			
<b>Position:</b> _____ <small>(Indicate title of position)</small>			
<input type="checkbox"/> <b>Full-time:</b> from: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy) <b>Number of Days</b> ____			
<b>Evaluation Rating:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Effective or Higher or the substantial equivalent</li> <li><input type="checkbox"/> Below Effective</li> </ul>			

Not rated

**Employment Year 2: Please list each school year separately**

Position: \_\_\_\_\_  
(Indicate title of position)

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

**Evaluation Rating:**

- Effective or Higher or the substantial equivalent
- Below Effective
- Not rated

**Employment Year 3: Please list each school year separately**

Position: \_\_\_\_\_  
(Indicate title of position)

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

**Evaluation Rating:**

- Effective or Higher or the substantial equivalent
- Below Effective
- Not rated

**Employment Year 4: Please list each school year separately**

Position: \_\_\_\_\_  
(Indicate title of position)

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

**Evaluation Rating:**

- Effective or Higher or the substantial equivalent
- Below Effective
- Not rated

**Employment Year 5: Please list each school year separately**

Position: \_\_\_\_\_  
(Indicate title of position)

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

**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 its equivalent.

Print Name of Administrator: \_\_\_\_\_

Administrative Title: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_