

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

Verification of Paid Experience for Teaching Assistant Level II or III Certificates

All paid experience for a Teaching Assistant certificate must be verified by the Public School Superintendent or Chief School Officer of the Non-Public school.

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 employer.**

Instructions for the Employer:

Please complete Section II and III. This form must be completed by the Superintendent of the school district or an authorized individual, verifying that the certificate holder completed paid Teaching Assistant experience. For New York City, the experience must be verified by the Teaching Assistant (paraprofessional) office.

The form must be submitted to the Office of Teaching Initiatives by the employer via email to: otiadmin@nysed.gov; or by mail to the address listed above:

Section I:			
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:			
Section II			
Commissioner's Regulations, 80-5.6 require one year of valid paid teaching assistant experience under a valid Teaching Assistant Level I certificate for the Level II certificate. Experience for the Level II or Level III certificate must be valid paid Teaching Assistant experience under the Level I certificate or satisfactory teaching experience under a classroom teaching certificate.			
Name of school or employer: _____			
Street Address:	City:	State:	Zip Code:
Employment 1			
Position: _____ (Subject and grade level)			
<input type="checkbox"/> Full time: from: ____/____/____ to ____/____/____ (mm) (dd) (yyyy) (mm) (dd) (yyyy)			
<input type="checkbox"/> Part time: full-time equivalent days: _____ from: ____/____/____ to ____/____/____ (mm) (dd) (yyyy) (mm) (dd) (yyyy)			
Employment 2			
Position: _____ (Subject and grade level)			
<input type="checkbox"/> Full time: from: ____/____/____ to ____/____/____ (mm) (dd) (yyyy) (mm) (dd) (yyyy)			

Part time: full-time equivalent days: _____ from: ____/____/____ to ____/____/____
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Employment 3

Position: _____
(Subject and grade level)

Full time: from: ____/____/____ to ____/____/____
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Part time: full-time equivalent days: _____ from: ____/____/____ to ____/____/____
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Section III

I verify that the individual listed above gained the paid experience listed above at the public/private school of which I am the superintendent; or, the approved non-public/independent school of which I am the chief school officer.

Name of school or employer: _____

Address of school or employer: _____

Print name of administrator: _____

Signature of administrator: _____ Date: _____

Administrative title: _____

Email: _____ Phone #: _____