

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 Experience for Permanent/Professional School Administrator Supervisor/School Building Leader Certificate

All paid experience for Permanent School Administrator and Supervisor or Professional School Building Leader certification must be verified by the Public School Superintendent, Assistant Superintendent or Director of HR, or Chief School Officer of the Non-Public school. NOTE: If your experience has been with the NYC Department of Education, you cannot use this form. Instead, contact the Office of Supervisory Staffing supvsupport@schools.nyc.gov and they will verify your experience with us electronically

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 the Assistant Superintendent or Director of HR, verifying that the certificate holder completed experience within the title of the certificate(s) held. If all the administrative experience to be reviewed is not in one of the traditional titles, Principal, Assistant Principal, Department Chairperson etc, 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.

If the experience was part time, please provide the number of full-time equivalent days. The form must be submitted to the Office of Teaching Initiatives by the employer via email to: otixpverif@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			
For Professional teaching certification, Commissioner's Regulations require two years for the School Administrator/Supervisor and three years for the Professional School Building Leader of acceptable experience in an administrative and or supervisory position in a public or approved non-public/independent school.			
Name of school or employer: _____			
Street Address:	City:	State:	Zip Code:
Employment 1			
The candidate named above was appointed to the position of:			

(Indicate title)			

Full-time: from: ___/___/___ to ___/___/___ Total number of FTE days worked _____
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

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

The number of periods in the school day is _____

A full-time teacher is contractually required to teach _____ periods per day.

The number of contractual periods per day in which the teacher was assigned to administrative/supervisor duties was _____.
The number of contractual periods per day in which the teacher was assigned to teaching duties was _____.

The number of teachers or other professional (certificate holding) employees supervised by the candidate was _____.

Employment 2

The candidate named above was appointed to the position of: _____
(Indicate title)

Full-time: from: ___/___/___ to ___/___/___ Total number of FTE days worked _____
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

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

The number of periods in the school day is _____

A full-time teacher is contractually required to teach _____ periods per day.

The number of contractual periods per day in which the teacher was assigned to administrative/supervisor duties was _____.
The number of contractual periods per day in which the teacher was assigned to teaching duties was _____.

The number of teachers or other professional (certificate holding) employees supervised by the candidate was _____.

The number of teachers or other professional (certificate holding) employees supervised by the candidate was _____.

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, Assistant Superintendent for HR or Director of HR; 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 #: _____