

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Office of Teaching Initiatives
www.highered.nysed.gov/tcert

Verification of Paid Experience Form for
 Special Education Teachers Who Teach a Special Class in Grades 7-12:
Statements of Continued Eligibility (SOCE) and Limited Extensions

This form must be completed by one of the following: Superintendent, Superintendent’s designee, Director of Human Resources, Chief School Officer of the approved non-public/independent school, or the authorized official listed for the approved contracting agency.

Instructions for Certificate Holder: Please complete the Employee Information section and then submit the form to your employer who will complete the additional sections. A separate form must be completed by each employer. The employer must submit the completed form via email. **The Office of Teaching Initiatives will not accept the form if it is sent by the Certificate Holder.** It is suggested that you request a copy of the form for your records.

Instructions for Employer: The form must be submitted to the Office of Teaching Initiatives **by the employer** via email to otixpverif@nysed.gov. It is suggested that you provide the certificate holder with a copy of this completed form for their records. A completed [HOUSSE rubric](#) that covers the same years as this form should be submitted with this form by the employer for each subject area in which the SOCE is sought.

PLEASE NOTE: For the SOCE and limited extension, the special education teacher must have taught the subject area in which the SOCE is sought in a special class (self-contained class) with students in grades 7-12.

Employee Information		
First Name:	Last Name:	Middle Initial:
Date of Birth: ____/____/____ (mm/dd/yyyy)	Last 4 Digits of Social Security Number:	
Certificate title for which you are requesting this form be completed:		

School Information
Do you <u>presently</u> employ this teacher in a public school or other school for which teacher certification is required to teach a special class? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Year 1: School Year: _____
Position (title):
Grade level(s) taught:
Was the teacher employed in a continuous, full-time position as a special education teacher for the entire school year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check each subject area below where the special education teacher taught the subject area <u>in a special class with students in grades 7-12</u> for at least one teaching assignment during the school year (e.g., one period for an entire semester or year).
<input type="checkbox"/> Biology <input type="checkbox"/> English Language Arts <input type="checkbox"/> Social Studies <input type="checkbox"/> Chemistry <input type="checkbox"/> General Science <input type="checkbox"/> Physics <input type="checkbox"/> Earth Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Language Other Than English – Specify Language: _____

Employment Year 2: School Year: _____
Position (title): _____
Grade level(s) taught: _____
Was the teacher employed in a continuous, full-time position as a special education teacher for the entire school year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check each subject area below where the special education teacher taught the subject area <u>in a special class with students in grades 7-12</u> for at least one teaching assignment during the school year (e.g., one period for an entire semester or year).
<input type="checkbox"/> Biology <input type="checkbox"/> English Language Arts <input type="checkbox"/> Social Studies <input type="checkbox"/> Chemistry <input type="checkbox"/> General Science <input type="checkbox"/> Physics <input type="checkbox"/> Earth Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Language Other Than English – Specify Language: _____

Employment Year 3: School Year: _____
Position (title): _____
Grade level(s) taught: _____
Was the teacher employed in a continuous, full-time position as a special education teacher for the entire school year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check each subject area below where the special education teacher taught the subject area <u>in a special class with students in grades 7-12</u> for at least one teaching assignment during the school year (e.g., one period for an entire semester or year).
<input type="checkbox"/> Biology <input type="checkbox"/> English Language Arts <input type="checkbox"/> Social Studies <input type="checkbox"/> Chemistry <input type="checkbox"/> General Science <input type="checkbox"/> Physics <input type="checkbox"/> Earth Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Language Other Than English – Specify Language: _____

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 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: (____) ____ - _____