

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 and Evaluation Ratings for Initial Classroom Teaching Certificates under the Endorsement Pathway

All paid experience and evaluation ratings for Initial Classroom Teaching certificates must be verified by the Public School Superintendent, Assistant Superintendent for Human resources or the equivalent.

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 school district.**

Instructions for the Employer:

Please complete Section II and III. This form must be completed by the Superintendent of the school district or designee, Assistant Superintendent for Human resources or the equivalent, verifying that the certificate holder completed experience within the title of the certificate(s) held. The form must be submitted to the Office of Teaching Initiatives by the school District via email to: otixpverif@nysed.gov; or by mail to the address listed above:

Section I: To be completed by the certificate holder			
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: To be completed by the Public School District			
Under Commissioners Regulation's for the Endorsement pathway, 80-5.8, a teacher must have at least three years of satisfactory experience in a public school (grades birth-12) in another 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 certificate in the certificate title sought as a teacher in the classroom teaching service for employment in New York State and have 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 another state or territory of the United States or the District of Columbia in the certificate title sought as a teacher in the classroom teaching service for employment in New York State.			
Name of School District: _____			
Street Address: _____	City: _____	State: _____	Zip Code: _____
Employment year 1 (most recent school year) : Please list each school year separately			
Title: <input type="checkbox"/> Classroom Teacher		Subject: _____	
<input type="checkbox"/> Teaching Assistant		Grade(s): _____	
<input type="checkbox"/> Other			
<input type="checkbox"/> Full-time: from: _____ / _____ / _____		to _____ / _____ / _____	
<small>(mm) (dd) (yyyy)</small>		<small>(mm) (dd) (yyyy)</small>	
		Number of days _____	
Evaluation Rating:	<input type="checkbox"/>	Effective or Higher or the substantial equivalent	
	<input type="checkbox"/>	Below Effective	
	<input type="checkbox"/>	Not rated	

