

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
Classroom Teachers and Pupil Personnel Services Professionals:
 Professional and Permanent Certificates

This form must be completed **by one of the following individuals as the employer:** Superintendent, Superintendent's designee, Director of Human Resources, chief school officer of the approved non-public/independent school, or in the case of Speech and Language Disabilities or Students with Disabilities experience only, the authorized official listed for the approved contracting agency.

- **Instructions for the Certificate Holder:** Please complete Section I and then submit the form to your employer who will complete Sections II and III. The employer must submit the completed form. **A separate form must be completed by each employer.**
- **Instructions for the Employer:** Please complete Sections II and III. The form must be submitted to the Office of Teaching Initiatives **by the employer** via email to otexpverif@nysed.gov or through mail to 89 Washington Avenue, Room 5N EB, Albany, New York, 12234. This form cannot be faxed.

If the certificate holder was employed via a contract with a public-school district for Speech and Language Disabilities or Students with Disabilities experience, the employer must submit a copy of the contract with the public-school district in addition to this form.

Please NOTE: that the end date of employment must be on or before today's date and cannot be listed as "to present". Future dates on the form and incomplete forms will not be accepted.

Section I: Certificate holder information.		
First Name:	Last Name:	Middle Initial:
Date of Birth: ____/____/____ (mm/dd/yyyy)	Last 4 Digits of Social Security Number: ____ _	
Certificate title(s) for which you are requesting this form be completed:		
Section II: Experience by year. Please list each year separately.		
Employment Year 1.		
Position (Subject/Title):		
Grade Level(s) Taught:		
<input type="checkbox"/> Full-time: Total number of full-time days worked in the school year: ____ From: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy) A school year is considered 180 full-time, continuous days between July 1 and June 30. A maximum of 180 full-time days will be accepted per school year.		
<input type="checkbox"/> Part-time: Total number of full-time equivalent days worked in the school year: ____ From: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy) <ul style="list-style-type: none"> <input type="checkbox"/> a. During the school year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days. <input type="checkbox"/> b. During the school year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period. <input type="checkbox"/> c. Neither a or b. 		

Employment Year 2.
Position (Subject/Title):
Grade Level(s) Taught:
<input type="checkbox"/> Full-time: Total number of full-time days worked in the school year: _____ From: ____ / ____ / _____ (mm/dd/yyyy) to: ____ / ____ / _____ (mm/dd/yyyy) A school year is considered 180 full-time, continuous days between July 1 and June 30. A maximum of 180 full-time days will be accepted per school year.
<input type="checkbox"/> Part-time: Total number of full-time equivalent days worked in the school year: _____ From: ____ / ____ / _____ (mm/dd/yyyy) to: ____ / ____ / _____ (mm/dd/yyyy) <input type="checkbox"/> a. During the school year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days. <input type="checkbox"/> b. During the school year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period. <input type="checkbox"/> c. Neither a or b.
Employment Year 3.
Position (Subject/Title):
Grade Level(s) Taught:
<input type="checkbox"/> Full-time: Total number of full-time days worked in the school year: _____ From: ____ / ____ / _____ (mm/dd/yyyy) to: ____ / ____ / _____ (mm/dd/yyyy) A school year is considered 180 full-time, continuous days between July 1 and June 30. A maximum of 180 full-time days will be accepted per school year.
<input type="checkbox"/> Part-time: Total number of full-time equivalent days worked in the school year: _____ From: ____ / ____ / _____ (mm/dd/yyyy) to: ____ / ____ / _____ (mm/dd/yyyy) <input type="checkbox"/> a. During the school year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days. <input type="checkbox"/> b. During the school year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period. <input type="checkbox"/> c. Neither a or b.
For additional years, please make copies of this page to extend the form.
Section III: 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, in the case of Speech and Language Disabilities or Students with Disabilities experience only, 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: (____) ____ - _____