

## Verification of Paid Experience Form for Students with Disabilities Limited Extensions and Grade Level Extensions

**This form must be completed and submitted by one of the following individuals:** Superintendent, Superintendent’s designee, Director of Human Resources, or Chief School Officer of the approved non-public/independent school.

**Instructions**

The form must be completed and submitted **by the employer** and must be sent to the Office of Teaching Initiatives via email to [otexpverif@nysed.gov](mailto:otexpverif@nysed.gov). **The Office of Teaching Initiatives will not accept the form if it is sent by the applicant.** The end date of employment must be on or before today’s date; future end dates, "to present", and/or incomplete forms will not be accepted.

Employee 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 the certificate holder is requesting this form be completed:		
Full-Time Experience		
If the applicant was employed in a continuous, full-time position for an entire academic year, enter the academic year of employment (e.g., 2018-2019), position, and grade level(s) taught (see instructions above).		
Academic Year:	Position (Subject/Title):	Grade Level(s):
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Academic Year:	Position (Subject/Title):	Grade Level(s):

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, or Chief School Officer of the approved non-public/independent school.		
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: (     )     -     -	