

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](http://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](mailto: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, Superintendents designee 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 indicate whether a. ,b. or c. was met and 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](mailto:otixpverif@nysed.gov) ; or by mail to the address listed above. This form cannot be faxed.*

Section I:			
First Name:	Last Name:	Middle Initial:	
Date of Birth: ____/____/____ (mm/dd/yyyy)		Last 4 Digits of the Social Security Number: ____ ____ ____ ____	
Certificate title(s) you are requesting this form be completed for:			
Section II:			
I verify that the individual listed above gained the paid experience listed above at the public/private school of which I am the Superintendent, Superintendents designee, Head of Human Resources; or, the approved non-public/independent school of which I am the chief school officer; or with regard to Speech and Language Disabilities or Students with Disabilities experience only, the authorized official listed for the approved contracting agency.			
Name of School or Employer:			
Street Address:	City:	State:	Zip Code:

Employment 1 - Complete all applicable items. 180 FTE days in a school year (7/1 – 6/30) can be accepted.

**Position:** \_\_\_\_\_  
(Indicate title/subject and grade level)

**Full-time:** from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)  
Total number of full-time days worked \_\_\_\_

**Part-time:** Total full-time equivalent days: \_\_\_\_  
from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (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 - Complete all applicable items. 180 FTE days in a school year (7/1 – 6/30) can be accepted.

**Position:** \_\_\_\_\_  
(Indicate title/subject and grade level)

**Full-time:** from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)  
Total number of full-time days worked \_\_\_\_

**Part-time:** Total full-time equivalent days: \_\_\_\_  
from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (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 \_\_\_\_ .

### 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, Superintendents designee, Head of Human Resources; or, the approved non-public/independent school of which I am the chief school officer; or with regard to 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

If the experience was earned while employed by a private entity for Speech and Language Disabilities or Students with Disabilities experience, the private entity must submit a copy of the contract with the public school district.