

Verification of Paid Teaching Experience for Initial Certification

Candidates for certification that have not completed supervised field work as part of an approved pre-service educational program of teacher preparation may substitute paid, school based teaching experience for this requirement.

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: To consider paid experience, the Office of Teaching Initiatives requires completion of this form by the superintendent/chief school officer(s) to validate:

- Forty days of continuous, full time, paid experience in the subject area and grade level range of the certificate sought.
- Eighty days of continuous, at least half-time paid experience in the subject area and grade level range of the certificate sought will be considered. Part time experience is only acceptable if 50% or greater.
- One Year full time experience in accordance with Commissioners Regulations is required for the following titles:
 - Speech and language disabilities;
 - Literacy (Remedial Reading only) B-6 or 5-12;
 - Library Media Specialist.

Please complete Section II and III. This form must be completed by Superintendent, Superintendents designee, Head of Human Resources; or the chief school officer of the approved non-public/independent school; or with regard to Speech and Language Disabilities or Students with Disabilities experience only, the authorized official listed for the approved contracting agency, 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 employer via email to: 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:			
Name of School or Employer:			
Street Address:	City:	State:	Zip Code:

Employment 1 - All applicable items must be completed

Position: _____
(Indicate title/subject and grade level)

The candidate listed on page 1 completed forty days of continuous, full time, paid experience in the subject area and grade level range of the certificate sought

Full-time: from: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy)

Total number of full-time days worked ____

The candidate completed eighty days of continuous, at least half-time paid experience in the subject area and grade level range of the certificate sought will be considered. Part time experience is only acceptable if 50% or greater

Full-time: from: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy)

Total number of full-time days worked ____

One Year full time experience in accordance with Commissioners Regulations is required for the following titles

- Speech and language disabilities
- Literacy (Remedial Reading only) B-6 or 5-12
- Library Media Specialist

Full-time: from: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy)

Total number of full-time days worked: ____

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.