

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 School Counselor Certificates under the
Endorsement Pathway**

All paid experience and evaluation ratings for Initial School Counselor certificates must be verified by the school district Superintendent, Superintendent Designee, 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 and III. **A separate form must be completed by each school district.**

Instructions for the Employer:

Please complete Sections II and III. This form must be completed by the Superintendent of the school district or their designee, Assistant Superintendent for Human Resources, or the equivalent to verify 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: otexpverif@nysed.gov.

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 school district			
Applicants must have at least three years of satisfactory school counselor experience in a public school (grades K-12) in another U.S. state or territory or the District of Columbia within five years immediately preceding the certificate application date. They must have held a valid out-of-state certificate that is equivalent to the New York State certificate sought during the experience.			
Name of School District: _____			
Street Address:	City:	State:	Zip Code:
Employment year 1 (most recent school year) : Please list each school year separately.			
Position: _____ (Indicate title/subject and grade level)			
<input type="checkbox"/> Full-time: from: ____/____/____ to ____/____/____ Number of days _____ (mm) (dd) (yyyy) (mm) (dd) (yyyy)			
Evaluation Rating: <input type="checkbox"/> Effective or Higher or the substantial equivalent <input type="checkbox"/> Below Effective <input type="checkbox"/> Not rated			

Employment year 2: Please list each school year separately.

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

☐ Full-time: from: ____/____/____ to ____/____/____ Number of days ____
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Evaluation Rating: ☐ Effective or Higher or the substantial equivalent
☐ Below Effective
☐ Not rated

Employment year 3: Please list each school year separately.

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

☐ Full time: from: ____/____/____ to ____/____/____ Number of days ____
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Evaluation Rating: ☐ Effective or Higher or the substantial equivalent
☐ Below Effective
☐ Not rated

For additional years: please make a copy of this form and submit them together.

Section III

I verify that the individual listed above gained the paid experience and had evaluations as listed above at the public school of which I am the Superintendent, Superintendent designee, Assistant Superintendent for Human Resources, or the equivalent.

Print name of administrator: _____

Signature of administrator: _____ Date: _____

Administrative title: _____

Email: _____ Phone #: _____