

Verification of Paid Teaching Experience for Initial Certification

Certificate applicants who have not completed a college-supervised student teaching/practicum experience may satisfy the student teaching requirement for Initial certification through the "Individual Evaluation" pathway by completing teaching experience as an employed as a teacher for a [specified number of days](#). **A separate form must be completed by each employer.**

This form must be completed and submitted by one of the following individuals: 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

The form must be completed and submitted by **the employer** and must be sent to the Office of Teaching Initiatives via email to otiexpverif@nysed.gov. The Office of Teaching Initiatives will not accept the form if it is sent by the applicant. It is suggested that the employer provide the applicant with a copy of this completed form for his/her records. Applicants who applied through a BOCES should have a copy of the form sent to their BOCES contact.

If the applicant is/was employed via contract with a public school district as a Speech and Language Disabilities or Students with Disabilities teacher, the employer must submit a copy of the contract with the public school district in addition to this form.

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.

Applicant 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:		
Teaching Experience		
Position (Subject/Title):		
Grade Level(s):		

Literacy, Library Media Specialist, and Speech and Language Disabilities Certificates. The applicant completed one year of paid, satisfactory, full-time experience as a literacy teacher, library media specialist, or speech and language disabilities teacher at the elementary and/or secondary level.

From: ___/___/___(mm/dd/yyyy) to: ___/___/___(mm/dd/yyyy)

Total number of **full-time days** worked: _____

Other Teacher Certificates. The applicant completed 40 school days as an employed teacher in the subject area and grade level of the certificate sought.

From: ___/___/___(mm/dd/yyyy) to: ___/___/___(mm/dd/yyyy)

Total number of **full-time equivalent days** worked: _____

Full-time and part-time experiences are acceptable. Hourly employment must be converted to full-time equivalencies.

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: ()