

Verification of Paid Experience Form for Teachers

New York State employers with access to TEACH would complete a Superintendent Statement in the [TEACH Online System](#) instead of completing this form.

For other employers, 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 applicant is requesting this form be completed: | | |
| Teaching Experience | | |
| Enter the total full-time equivalent days worked during each year of employment (12-month period). For the Professional certificate in the classroom teaching service, individuals must complete at least three years of acceptable teaching experience or its equivalent (540 full-time days). Full-time and part-time experiences are acceptable. Hourly employment must be converted to full-time equivalencies. | | |
| Employment Year 1: From: ____/____/____(mm/dd/yyyy) to: ____/____/____(mm/dd/yyyy) | | |
| 1. Total number of full-time equivalent days worked: _____ | | |
| 2. <input type="checkbox"/> I attest that the applicant was a classroom teacher, a substitute teacher, or in another acceptable paid teaching position during this time period. Please note that teaching assistant and teacher aide experience is not acceptable. The list of acceptable teaching positions is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html | | |
| 3. <input type="checkbox"/> I attest that the applicant held a valid and appropriate teaching certificate for their teaching assignment, or was not required to be certified for their teaching assignment, during this time period. Information on when a valid and appropriate teaching certificate is required is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html | | |

| | |
|---|---|
| Employment Year 2: From: ____/____/____ (mm/dd/yyyy) to: ____/____/____(mm/dd/yyyy) | |
| 1. Total number of full-time equivalent days worked: _____ | |
| 2. <input type="checkbox"/> I attest that the applicant was a classroom teacher, a substitute teacher, or in another acceptable paid teaching position during this time period. Please note that teaching assistant and teacher aide experience is not acceptable. The list of acceptable teaching positions is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html | |
| 3. <input type="checkbox"/> I attest that the applicant held a valid and appropriate teaching certificate for their teaching assignment, or was not required to be certified for their teaching assignment, during this time period. Information on when a valid and appropriate teaching certificate is required is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html | |
| Employment Year 3: From: ____/____/____ (mm/dd/yyyy) to: ____/____/____(mm/dd/yyyy) | |
| 1. Total number of full-time equivalent days worked: _____ | |
| 2. <input type="checkbox"/> I attest that the applicant was a classroom teacher, a substitute teacher, or in another acceptable paid teaching position during this time period. Please note that teaching assistant and teacher aide experience is not acceptable. The list of acceptable teaching positions is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html | |
| 3. <input type="checkbox"/> I attest that the applicant held a valid and appropriate teaching certificate for their teaching assignment, or was not required to be certified for their teaching assignment, during this time period. Information on when a valid and appropriate teaching certificate is required is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html | |
| For additional years, please make copies of this page to extend the form. | |
| Attestation of Experience | |
| I verify that the applicant gained the paid experience listed above at the public/nonpublic 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: () |