

## Verification of Paid Experience Form for Teaching Assistant Applications

**New York State public school districts and charter schools located in New York should not complete this form**, as they are required to verify experience by entering a Superintendent Statement ("TA Professional 3 Yr. Exp.") onto the candidate's account in the [TEACH](#) system. Other employers that have administrative access to TEACH are free to enter Superintendent Statements as well but are not required to do so.

**For all other employers**, this form must be completed and submitted by one of the following individuals: Superintendent, Superintendent's designee, Director of Human Resources/Payroll, or other chief school officer (e.g., - President, CEO, Dean).

### Instructions

The form must be completed and submitted **by the employer** and must be sent to the Office of Teaching Initiatives via email to [otexpverif@nysed.gov](mailto:otexpverif@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.

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.

<b>Applicant Information</b>		
First Name:	Last Name:	Middle Initial:
Date of Birth: ____/____/____(mm/dd/yyyy)	Last 4 Digits of Social Security Number:	
<b>Teaching Assistant Experience</b>		
Enter the total full-time equivalent days worked during each year of employment (12-month period). <ul style="list-style-type: none"> <li>For the Teaching Assistant – Professional certificate, the candidate must complete three years of acceptable teaching assistant experience (540 days).</li> <li>For the Level 2, Level 3, or Pre-Professional certificates, the candidate must complete one year (180 days). Experience must be completed in New York under a valid NYS Teaching Assistant certificate.</li> </ul> Full-time and part-time experiences are acceptable. <b>Hourly employment must be converted to full-time equivalencies.</b>		
<b>Employment Year 1:</b> From: ____/____/____(mm/dd/yyyy) to: ____/____/____(mm/dd/yyyy)		
1. Total number of full-time equivalent days worked:		
2. I attest that the applicant was employed as a teaching assistant during this time.		
3. I attest that the applicant held a valid NYS Teaching Assistant certificate during this time. _		

<b>Employment Year 2:</b> From: ____/____/____(mm/dd/yyyy) to: ____/____/____(mm/dd/yyyy)	
1. Total number of full-time equivalent days worked:	
2. I attest that the applicant was employed as a teaching assistant during this time.	
3. I attest that the applicant held a valid NYS Teaching Assistant certificate during this time.	
<b>Employment Year 3:</b> From: ____/____/____(mm/dd/yyyy) to: ____/____/____(mm/dd/yyyy)	
1. Total number of full-time equivalent days worked: _____	
2. I attest that the applicant was employed as a teaching assistant during this time.	
3. I attest that the applicant held a valid NYS Teaching Assistant certificate during this time.	
For additional years, please make copies of this page to extend the form.	
<b>Attestation of Experience</b>	
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/Payroll, or Chief School Officer.	
Name of School or Employer:	
Address of School or Employer:	
Type of School or Employer (e.g., - daycare facility, SED-approved special education school, Universal PreK, nonpublic school, Early Intervention Provider):	
Print Name of Administrator:	
Administrative Title:	
Signature of Administrator:	Today's Date:
Email:	Phone Number: