



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
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 Web Site: http://www.k12.wa.us/certification
 E-Mail: cert@k12.wa.us

VERIFICATION OF TEACHING EXPERIENCE

USE THIS FORM TO RECORD TEACHING EXPERIENCE IN A SPECIALTY AREA.

SECTION A

TO BE COMPLETED BY APPLICANT

Fill out Section I and send it to your employer(s). When this form has been returned to you, include it in your application packet with a copy of your out-of-state certificate.

1. NAME LAST FIRST MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS	3. DATE OF BIRTH
CITY/STATE/ZIP	4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE: BUSINESS () HOME ()	6. E-MAIL

Verification of up to 4,000 hours of appropriate service in the respective role (teacher) may be used. If verifying experience for more than one employer, photocopy this form and send to each employer.

For BIOMEDICAL and BIOTECHNOLOGY may use all 6,000 hours of teaching experience in Biology. For STEM, all 6,000 hours of teaching experience in Science, Technology, Engineering and/or Math can be used.

SECTION B

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED

Based on personnel records, this statement MUST be prepared and signed by the CTE administrator of the school district where the applicant was employed. Stamped signatures MUST be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

SCHOOL DISTRICT		
FROM	TO	NUMBER OF HOURS OF SERVICE:
CIP CODE	NUMBER OF TEACHING HOURS	CLASSROOM TITLE
<input type="text"/>	<input type="text"/> FROM <input type="text"/> (DATE) TO <input type="text"/> (DATE)	
CIP CODE	<input type="text"/> FROM <input type="text"/> (DATE) TO <input type="text"/> (DATE)	
CIP CODE	<input type="text"/> FROM <input type="text"/> (DATE) TO <input type="text"/> (DATE)	
CIP CODE	<input type="text"/> FROM <input type="text"/> (DATE) TO <input type="text"/> (DATE)	
CIP CODE	<input type="text"/> FROM <input type="text"/> (DATE) TO <input type="text"/> (DATE)	
ADDRESS	PRINTED NAME	
CITY/STATE/ZIP	TITLE OF PERSON COMPLETING FORM	
SIGNATURE	DATE	TELEPHONE ()

Attach additional pages if necessary.

RETURN COMPLETED FORM TO APPLICANT