TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

EXPERIENCE VERIFICATION FORM

The information listed below is to be completed by the current or previous employer (**Superintendent, Headmaster, Agency Director, or Designated Personnel Officer**). Principals are not authorized to sign this form unless they are the designated personnel officer. Please note that if verifying college experience, only experience as a full-time voting member of the faculty is accepted. Use one line for each change in Status. Do not include leave of absence periods.

NAME OF EDUCATOR _____ **SOCIAL SECURITY NUMBER** _____

IMPORTANT: Please keep a copy of this form. You will need to give a copy to your superintendent/director when you are employed.

Information below to be completed ONLY by the SCHOOL SYSTEM OR COLLEGE where teaching was performed.

EXPERIENCE RECORD (Please list experience yearly, each year on a separate line, beginning July1 and ending June 30.)

Name of School	School System	Position and Grade Level	State	School Year, July - June		Time Served		% Time, 100 or % Less	Total Days in Year
				Beginning Date Month/Day/Year	Ending Date Month/Day/Year	Months	Days		

THE ABOVE SCHOOL, SCHOOL SYSTEM OR COLLEGE OR UNIVERSITY WAS FULLY APPROVED OR ACCREDITED BY THE _____AT THE TIME SERVICE WAS PERFORMED.

(State Department of Education or Association of Colleges & Schools)

Check one of the following:

[ ] Public School [ ] Private School [ ] U.S.Government Service Teaching Program [ ] Paid, Full-time Voting Member of College or University Faculty

I HEREBY CERTIFY THAT THE ABOVE LISTED EXPERIENCE IS A TRUE AND CORRECT COPY OF THE RECORDS ON FILE FOR THE EDUCATOR NAMED ABOVE.

(This form must be signed by an authorized official from the above school.)

Signature _____ **Title** _____ **Telephone Number**_____

Address _____

Street/P.O. Box **City** **State** **Zip Code**

Email Address _____**Date**_____

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