

# VERIFICATION OF POSTSECONDARY EDUCATOR EXPERIENCE

last name	first name	middle name	maiden name
street address	city	state	zip code
social security number	telephone number and email address		

**▶▶ To the employer: Please return this form to the employee. Do not send it directly to the Licensure Section.**

<b>Professional Educator (Postsecondary) Experience (to be completed by employer)</b>				
Name of Institution	Beginning date of quarter/semester (month, day, year)	Ending date of quarter/semester (month, day, year)	Total semester hours taught per week <b>12 hours= Full-time</b> <b>6 hours= Half-time</b>	Position title
<b>(PLEASE USE A SEPARATE LINE FOR EACH QUARTER/SEMESTER TAUGHT)</b>				

**I certify that this verification omits leave of absence periods and that all information is complete and correct according to the official records of the institution.**

signature of institutional personnel officer	date	telephone	address
title	email address		city, state, and zip code

# Postsecondary Educator Experience Credit: How to Apply

## For experience as a professional postsecondary educator:

- ▶ **Postsecondary educator experience is defined as teaching in an institution of higher education such as:** community college, technical institute/college, junior college, senior college, or university.
- ▶ **For experience as a professional educator at the postsecondary level:**  
Have Form CE (Verification of Postsecondary Experience) completed by your former employer. (If you are submitting experience from more than one employer, have each one fill out a separate form. Duplicate Form CE as needed.) Please note that a minimum of one-half time or more (six semester hours **taught per week**) is required to qualify for experience credit. Full-time experience credit requires a minimum of twelve semester hours **taught per week**.

All requested information must be supplied. Beginning and ending dates for each term taught must include month, day, and year. Total semester hours **taught per week** must be specified. Employers must provide their signature, title, address and telephone number.

## Submitting Form CE

- ▶ Upload a completed and signed copy of Form CE at <https://vo.licensure.ncpublicschools.gov/>. Application instructions and additional information are available within the online licensure system.