

VERIFICATION OF K-12 EDUCATOR EXPERIENCE

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

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

Box A	Professional Educator (K-12) Experience (to be completed by employer)			
School system <input type="checkbox"/> Public <input type="checkbox"/> Private	Beginning date of service (month, day, year)	Ending date of service (month, day, year)	Total hours worked per week <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Position title (e.g., teacher, counselor, supervisor, principal, superintendent)

Box B	K-12 Instructional Teacher Assistant Experience (to be completed by employer)			
School system	Beginning date of service (month, day, year)	Ending date of service (month, day, year)	Total hours worked per week	IMPORTANT: Check one box below for each assignment.
Please use a separate line for each school year.				The assignment meets the criteria statement* below.
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

***CRITERIA STATEMENT:**

The instructional teaching assistant assignment listed above was service in the classroom with school-age children with actual instructional teaching responsibilities comprising a minimum of 50% of daily activities.

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

signature of superintendent or designee	date	address
title	telephone	city, state, and zip code

Experience Credit: How to Apply

For experience as a professional educator:

Have Form E (Verification of Experience) completed by your former employer(s). If you are submitting experience from more than one employer, have each one complete a separate form. Form E may be copied as needed. Please note that only experience of one-half time or more (fifteen hours per week) will be considered in the evaluation.

Experience as a K-12 professional educator (teacher, counselor, principal, etc.) should be reported in Box A. All requested information must be supplied. Beginning and ending dates must include month, day, and year.

Experience as a K-12 instructional teacher assistant should be reported in Box B. All requested information must be supplied. Beginning and ending dates must include month, day, and year. Employers must indicate whether or not each year of experience meets the criteria for credit by checking the appropriate box in the right hand column.

Submitting Form E

Mail the completed form(s) along with a \$55.00 evaluation fee to the

Department of Public Instruction
Licensure Section
6365 Mail Service Center
Raleigh, North Carolina 27699-6365

You may pay by personal check, money order, or certified check (made payable to the Department of Public Instruction) or by Visa or MasterCard. To pay by credit card, fill out the credit card payment form.

Please do not fold, staple, or use paper clips to organize these materials. Doing so will slow down the automated application process and delay your response. Please mail the documents in a 9" x 12" envelope. Thank you.

Note: Non-teaching Work Experience can not be requested using this form. Requests for Non-teaching Work Experience must be submitted through the personnel office of the employing NC school system using Form NE.