

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.

| Professional Educator (Postsecondary) Experience (to be completed by employer) | | | | |
|---|---|--|---|----------------|
| 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 12 hours= Full-time 6 hours= Half-time | Position title |
| (PLEASE USE A SEPARATE LINE FOR EACH QUARTER/SEMESTER TAUGHT) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |