OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
Old Capitol Building, PO BOX 47200
OLYMPIA WA 98504-7200
(360) 725-6400 TTY (360) 664-3631
Web Site: http:/ /www.k12.wa.us/certification/
E-Mail: cert@k12.wa.us

VERIFICATION OF EXPERIENCE

USE THIS FORM IF YOU HAVE AT LEAST THREE YEARS OF OUT-OF-STATE EXPERIENCE IN SCHOOLS.

SECTION I

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

Attach copies of these documents. If they are coded, include photocopy of official explanation of code.

Title of Certificates/Licenses	Issuing State, Province, or City	Effective Date	Expiration Date	Valid for What Subjects, Areas or Professions

Verification of three years of appropriate service in the respective role (teacher, educational staff associate, administrator) is required. If verifying experience for more than one employer, photocopy this form and send to each employer.

SECTION II

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 superintendent or the personnel director of the school district or private school 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	APPLICANT'S POSITION TITLE	
FROM TO	IF PERSON SERVED IN DUAL ROLE, INDICATE PERCENTAGE OF FULL-TIME EQUIVALENCY IN EACH ROLE:	NUMBER OF DAYS OF SERVICE EACH YEAR:

SERVICE WAS: ☐ FULL-TIME FROM _____ (DATE) TO _____ (DATE)

SERVICE WAS: ☐ PART-TIME FROM _____ (DATE) TO _____ (DATE)

SERVICE WAS: ☐ SUBSTITUTE FROM _____ (DATE) TO _____ (DATE)

ADDRESS	PRINTED NAME	
CITY/STATE/ZIP	TITLE OF PERSON COMPLETING FORM	
SIGNATURE	DATE	TELEPHONE ( )
	E-MAIL	

RETURN COMPLETED FORM TO APPLICANT