

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Teaching Initiatives
www.highered.nysed.gov/tcert

Verification of Paid Experience Form for Teachers

New York State public school districts and charter schools located in New York should not complete this form, as they are required to verify experience by entering a Superintendent Statement onto the candidate's account in the [TEACH](#) system. Other employers that have administrative access to TEACH are free to enter Superintendent Statements as well but are not required to do so.

For all other employers, this form must be completed and submitted by one of the following individuals: Superintendent, Superintendent's designee, Director of Human Resources/Payroll, or other chief school officer (e.g., - President, CEO, Dean).

Note concerning special education contracts: In cases where a NYS public school district contracts out for special education teaching experience (including speech and language disabilities), the district is responsible for verifying the experience by entering a Superintendent Statement onto the candidate's account in the [TEACH](#) system. For more information, please see our [Experience Requirements webpage](#).

Instructions

The form must be completed and submitted **by the employer** and must be sent to the Office of Teaching Initiatives via email to otexpverif@nysed.gov. The Office of Teaching Initiatives will not accept the form if it is sent by the applicant. It is suggested that the employer provide the applicant with a copy of this completed form for his/her records. Applicants who applied through a BOCES should have a copy of the form sent to their BOCES contact.

The end date of employment must be on or before today's date; future end dates, "to present", and/or incomplete forms will not be accepted.

Applicant Information		
First Name:	Last Name:	Middle Initial:
Date of Birth: ____/____/____(mm/dd/yyyy)	Last 4 Digits of Social Security Number:	
Certificate title(s) for which the applicant is requesting this form be completed:		
Teaching Experience		
Enter the total full-time equivalent days worked during each year of employment (12-month period). For the Professional certificate in the classroom teaching service, individuals must complete at least three years of acceptable teaching experience or its equivalent (540 full-time days). Full-time and part-time experiences are acceptable. Hourly employment must be converted to full-time equivalencies.		
Employment Year 1: From: ____/____/____(mm/dd/yyyy) to: ____/____/____(mm/dd/yyyy)		
1. Total number of full-time equivalent days worked: _____		
2. <input type="checkbox"/> I attest that the applicant was a classroom teacher, a substitute teacher, or in another acceptable paid teaching position during this time period. Please note that teaching assistant and teacher aide experience is not acceptable. The list of acceptable teaching positions is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html		
3. <input type="checkbox"/> I attest that the applicant held a valid and appropriate teaching certificate for their teaching assignment, or was not required to be certified for their teaching assignment, during this time period. Information on when a valid and appropriate teaching certificate is required is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html		

Employment Year 2: From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)	
1. Total number of full-time equivalent days worked: _____	
2. <input type="checkbox"/> I attest that the applicant was a classroom teacher, a substitute teacher, or in another acceptable paid teaching position during this time period. Please note that teaching assistant and teacher aide experience is not acceptable. The list of acceptable teaching positions is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html	
3. <input type="checkbox"/> I attest that the applicant held a valid and appropriate teaching certificate for their teaching assignment, or was not required to be certified for their teaching assignment, during this time period. Information on when a valid and appropriate teaching certificate is required is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html	
Employment Year 3: From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)	
1. Total number of full-time equivalent days worked: _____	
2. <input type="checkbox"/> I attest that the applicant was a classroom teacher, a substitute teacher, or in another acceptable paid teaching position during this time period. Please note that teaching assistant and teacher aide experience is not acceptable. The list of acceptable teaching positions is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html	
3. <input type="checkbox"/> I attest that the applicant held a valid and appropriate teaching certificate for their teaching assignment, or was not required to be certified for their teaching assignment, during this time period. Information on when a valid and appropriate teaching certificate is required is available at: www.highered.nysed.gov/tcert/certificate/exp/classroom-professional.html	
For additional years, please make copies of this page to extend the form.	
Attestation of Experience	
I verify that the applicant gained the paid experience listed above at the public/nonpublic school of which I am the Superintendent, Superintendent's designee, Director of Human Resources/Payroll, or Chief School Officer.	
Name of School or Employer:	
Address of School or Employer:	
Type of School or Employer (e.g., - daycare facility, SED-approved special education school, Universal PreK, nonpublic school, Early Intervention Provider):	
Print Name of Administrator:	
Administrative Title:	
Signature of Administrator:	Today's Date: / / (mm/dd/yyyy)
Email:	Phone Number: ()