VERIFICATION OF TEACHING EXPERIENCE

SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED TEACHING EXPERIENCE.				
SOCIAL SECURITY NUMBER				
CURRENT NAME (LAST, FIRST, MIDDLE)				
ALL MAIDEN/ FORMER NAMES				
STREET ADDRESS				
CITY, STATE, ZIP CODE		EMAIL ADDRESS		
DATE OF BIRTH	MALE ☐ FEMALE ☐		PHONE NUMBERS H	
I hereby give my former and/ or current employer permission to release any and all information required in Section II				
LEGAL SIGNATURE OF APPLICANT		DATE		
SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM				
The above named individual was employed as a teacher in our school system as verified below				
SUBJECT/AREA TAUGHT	**GRADE LEVEL(S)**	**BEGINNING DATE**	**ENDING DATE**	**TOTAL YEARS AT THIS LEVEL**
ADMINISTRATIVE EXPERIENCE:				
POSITION/JOB TITLE	**GRADE LEVEL(S) SERVED**	**BEGINNING DATE**	**ENDING DATE**	**TOTAL YEARS AT THIS LEVEL**
SUMMATIVE EVALUATION DATE:				
EFFECTIVE TEACHER STATUS:				
	EFFECTIVE ☐		HIGHLY EFFECTIVE	☐
NAME OF SCHOOL SYSTEM				
SCHOOL ADDRESS				
CITY, STATE, ZIP CODE				
ADMINISTRATOR'S NAME (PRINT)	ADMINISTRATOR'S POSITION		SCHOOL PHONE NUMBER	
ADMINISTRATOR'S SIGNATURE		DATE		

This form may be duplicated for additional employers.

Please return this form to:
Arkansas Department of Education
Division of Elementary & Secondary Education
Educator Licensure Unit
Four Capitol Mall Room 106B Little Rock, AR. 72201
Fax #: 501-682-4898 OR
Email: ade.educatorlicensure@ade.arkansas.gov