



Verification of Teaching Experience

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| You may need to send this form to more than one district if your experience was earned in multiple schools. | | | |
| Applicant Information (To Be Completed By The Applicant): | | | |
| Last Name: | First Name: | | MI: |
| Address: | City: | State: | Zip Code: |
| Last four digits of SSN: | Former Name(s): | | |
| Remainder of this form is to be completed & signed by the appropriate school official based on personnel records. If the employment history is too complex to enter below, please sign this form and attach additional documentation. | | | |
| NOTE: Return original form to: OPI – Licensure Division, PO Box 202501, Helena MT 59620-2501 NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted. | | | |
| School Officials Name and Title (please print): | | | |
| School District: | | | |
| School District City/State: | | | |
| Does Your School Hold State Accreditation? <input type="radio"/> Yes <input type="radio"/> No | Was the licensure candidate above employed as a <u>TEACHER</u> in your school? <input type="radio"/> Yes <input type="radio"/> No | | |
| Employed From (month/year) _____ To (month/year) _____ | | | |
| Full Time? <input type="radio"/> Yes <input type="radio"/> No | Part Time? <input type="radio"/> Yes If "Yes", FTE Equivalent? (i.e. .25 for 1/4 of employment) <input type="radio"/> No | | |
| Educational Area | <input type="radio"/> Pre K (Age 3 – Grade 3) <input type="radio"/> Elementary (K-8) <input type="radio"/> Middle School (4-8) Subject Area Taught _____ <input type="radio"/> Secondary (5-12) Subject Area Taught _____ <input type="radio"/> Special Education (PK-12) <input type="radio"/> School Counselor <input type="radio"/> Other: Please describe _____ | | |
| I verify that the work experience information as documented on this form is correct to the best of my knowledge. | | | |
| Signature: | | | |
| Printed Name and Title: | | | |
| Date: | Email Address: | Phone Number: | |