

VERIFICATION OF K-12 EDUCATOR EXPERIENCE

last name	first name	middle name	maiden name
street address		city	state
social security number		zip code	
social security number		email address	

►► To the employer: Please return this form to the employee. Do not send it directly to the Licensure Section.

Box A	Professional Educator (K-12) Experience (to be completed by employer)			
School system <input type="checkbox"/> Public <input type="checkbox"/> Private	Beginning date of service (month, day, year)	Ending date of service (month, day, year)	Total hours worked per week <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Position title (e.g., teacher, counselor, supervisor, principal, superintendent)

Box B	K-12 Instructional Teacher Assistant Experience (to be completed by employer)			
School system	Beginning date of service (month, day, year)	Ending date of service (month, day, year)	Total hours worked per week	IMPORTANT: Check one box below for each assignment.
Please use a separate line for each school year.				The assignment meets the criteria statement* below.
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

***CRITERIA STATEMENT:**

The instructional teaching assistant assignment listed above was service in the classroom with school-age children with actual instructional teaching responsibilities comprising a minimum of 50% of daily activities.

I certify that this verification omits leave of absence periods and that all information is complete and correct according to the official records of this school system.

	date	telephone	address
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	email address	city, state, and zip code
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Experience Credit: How to Apply

For experience as a professional educator:

Have Form E (Verification of Experience) completed by your former employer(s). If you are submitting experience from more than one employer, have each one complete a separate form. Form E may be copied as needed. Please note that only experience of one-half time or more (fifteen hours per week) will be considered in the evaluation.

- ▶ **Experience as a K-12 professional educator (teacher, counselor, principal, etc.)** should be reported in Box A. All requested information must be supplied. Beginning and ending dates must include month, day, and year.
- ▶ **Experience as a K-12 instructional teacher assistant** should be reported in Box B. All requested information must be supplied. Beginning and ending dates must include month, day, and year. Employers must indicate whether or not each year of experience meets the criteria for credit by checking the appropriate box in the right hand column.

Submitting Form E

- ▶ Upload a completed and signed copy of Form E at <https://vo.licensure.ncpublicschools.gov/>. Application instructions and additional information are available within the online licensure system.

Note: **Non-teaching Work Experience cannot be requested using this form. Requests for Non-teaching Work Experience must be submitted online using Form NE, along with additional documentation from the personnel office of the employing NC school system.**