

North Carolina Department of Public Instruction

Professional Educator's License Experience Verification

Experience Credit: How to Apply

For experience as a PreK-12 professional educator:

Have the Verification of Experience Form (Form E) completed by your former or current employer(s). If you are submitting experience from more than one employer, have each one complete a separate form.

Please note that only part-time experience (fifteen hours per week) or more will be considered in the evaluation.

- ▶ **Experience as a PreK-12 professional educator (teacher, counselor, principal, etc.)** must be reported completely in Box A.
- ▶ **Experience as a PreK-12 instructional teacher assistant** must be reported completely in Box B. Employers must indicate whether or not each year of experience meets the criteria for credit by checking the appropriate box in the far right column.

Submitting Form E

- ▶ Upload the completed and signed Form E into your open application at <https://vo.licensure.ncpublicschools.gov/>.

Note: **Non-teaching Work Experience cannot be requested using this form. The Non-teaching Work Experience (Form NE) request form is located on the NCDPI Educator's Licensure webpage under Forms and FAQs**

PROFESSIONAL EDUCATOR'S LICENSE EXPERIENCE VERIFICATION

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 ☐ Public ☐ Private	Beginning date of service (month, day, year)	Ending date of service (month, day, year)	Total hours worked per week ☐ full-time ☐ 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: The assignment meets the Criteria Statement* below.
Please use a separate line for each school year.				Check one box below for each assignment
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ 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.

signature of superintendent or designee	date	telephone	address
title	email address		city, state, and zip code