



Certification Branch  
200 West Baltimore Street  
Baltimore, MD 21201

www.mdcert.org

Verification of satisfactory educational experience is required for applicants with one or more years of full-time teaching or other professional experience in a public or an accredited nonpublic school.

**Applicant:** Complete this section only and then forward for verification. Please print or type this information.

Social Security Number: \_\_\_\_\_ Date \_\_\_\_\_ of Birth \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Former

Address: \_\_\_\_\_  
Street

City /State/Zip Code Telephone E-mail

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer:** The above-named person was employed in your district or school(s). Please complete each section below to indicate the dates of service and performance rating for each specific assignment. Performance ratings will be confidential and will be used only for determining eligibility for certification. **Print or type this information and send the completed form to the Maryland State Department of Education at the above address.**

School/School District	State	Dates of Service From To	Performance Rating	Grade and Subject Taught (50% or more; one subject per box)
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	

\_\_\_\_\_  
Printed Name of Authorized Official

\_\_\_\_\_  
Signature of Authorized Official

Title

\_\_\_\_\_  
Date

Address

\_\_\_\_\_  
City/State/Zip Code

Phone

\_\_\_\_\_  
E-mail