

LOUISIANA DEPARTMENT OF EDUCATION
Certification and Preparation

EXPERIENCE VERIFICATION FORM

PLEASE CHECK CATEGORY THAT APPLIES TO APPLICATION:

____ Higher Level Certificate¹ ____ Administrative Experience ____ Out-of-State PRAXIS Exclusion²
____ Student Teaching/Internship Waiver ____ Verification of Experience for Ancillary Area

PLEASE TYPE OR PRINT IN INK

Louisiana Certificate Type/Number: _____ Social Security Number: _____ - _____ - _____

Name: _____ Date of Birth: ____/____/____
(First) (Middle) (Maiden) (Married)

Address: _____ Home Phone #: (____) _____
(Street) (City/State) (Zip Code)

PARISH/ DISTRICT/ COUNTY	NAME OF SCHOOL	Type of School		Grade Level(s) Taught	Subject(s) Taught	School Year(s) Taught	Position (teacher, principal, etc.)
		Public School	Private School				
						-	
						-	
						-	
						-	
						-	
						-	

¹ **Higher Request:** *If this form is being submitted for a higher level certificate, it must be submitted directly from the Louisiana employing school system.*

² **Out-of-State Exclusion:** *I certify that the experience as listed above was successful, complete, and correct according to the official records on file in the Louisiana public school system providing this verification of employment. The above individual will be re-employed by this system for the next school year in accordance with the out-of-state certification policy.*

TO THE BEST OF MY KNOWLEDGE, THE EXPERIENCE CORRECTLY LISTED ABOVE WAS SUCCESSFUL.

ORIGINAL SIGNATURE OF EMPLOYING AUTHORITY	TITLE AND DISTRICT OF EMPLOYING AUTHORITY
ORIGINAL SIGNATURE OF APPLICANT	DATE

For certification use only:
Teacher Assessment Completed: Yes _____ No _____