## Georgia PSC Experience Verification Form – Revised March 2014 200 Piedmont Avenue SW, Suite 1702, Atlanta, GA 30334-9032 Fax: 404-232-2560 | mail@gapsc.com Please Use Dark Ink or Type

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	Applicant Inform											
Title		Last N	Name			1				<del>                                     </del>	$\neg$	
	ſr. □Ms. □Dr.											
First	Name					Mid	dle Name			<del></del>	$\neg$	
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Soci	al Security Number	er or Ga	PSC Certificati	on ID		Dat	e of Birth (MM/	/UU/YY) 				
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	Experience Verifica									occupational	wor	
This	experience earn recent one year You are seeking You are applying certificate; or	ned withing of experiguous of to use of the conditions of the cond	nitial GA certification the last five you have; out-of-state teach convert to a Property by GA school	years should hing experience ofessional to ent that requir	be verified; ce in lieu of eaching ce res successf	if you renew rtifica	have no exper  al credit;  te or renew a  thing experience	ience within t	five years, plea	se verify the	mos	
	Employer Section The information listed completed by the second principals will not be employment information Headmaster, Direct Please use separate years of half-time expenses.	ed below ystem <b>S</b> accepte ation. From the control of the control	uperintendent ed by the GaPSG or independent her <b>Designated</b> document chan	or Designate C unless acco charter school Personnel/H ges in employ	ed Personn mpanied by ols, private uman Reso	el/Hur a lette schoo urces	nan Resources er from the schools, or agencies, Officer.	s Officer. Fo ol system cor the informat	orms signed by infirming authorization may be co	public schoo zation to verify empleted by a	ol y a	
	Oakaal District	State	Accrediting Agency	Dates of Service			Annual	0	Crade(a) Subject(a) Require			
,	School District Or Institution			From mm/dd/yy	To mm/dd/yy		Performance Rating	Grade(s) Taught*	Subject(s) Taught*	Required for Position? (Y/N)		
						0	Satisfactory					
						0	Unsatisfactory					
						0	Satisfactory					
						0	Unsatisfactory					
						0	Satisfactory					
						0	Unsatisfactory					
taug	e applicant was emplo ht, please identify the tify the specific acader	disability s	served (e.g. BD, LD									
Name of Authorized Official (print/type) Signature									Date			
Title						Name	of Institution					
Phon	e Number				<del></del>	Mailin	a Address					

City, State, Zip

Email Address