

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Teaching Initiatives, Room 5N-EB
89 Washington Avenue
Albany, New York 12234
www.highered.nysed.gov/tcert

Verification of Experience for Permanent/Professional Certificate

Check One:

☐ Permanent Certificate in _____
(Certificate Title)

☐ Professional Certificate in _____
(Certificate Title)

In response to your inquiry regarding Permanent/Professional certification in the above title, your application cannot be processed until the status of the required experience has been verified. For Permanent certification, Commissioner's Regulations require two years of paid work experience in a public or approved non-public/independent school. For Professional certification, Commissioner's Regulations require three years of paid work experience in a public or approved non-public/independent school. To have your experience considered for this requirement, please supply the information as noted below and return this form to the above address.

Name: _____
(First) (Middle) (Maiden) (Last)

Address: _____
(Number) (Street) (Apartment)

(City) (State) (Zip Code)

Date of Birth: ____/____/____
(MM) (DD) (YYYY)

Social Security Number: ____/____/____

Select 1 or 2:

_____ 1. The candidate named above served as a full-time teacher* of _____
(Subject)

FROM: _____ / _____ / _____ to _____ / _____ / _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

At _____
(Name of School)

Verified By:

(Print name of Administrator) _____ (Signature of Administrator) _____

(Administrative Title**) (Date)

(Name of School)

(Address of School)

* Experience as a teaching assistant, aide, or paraprofessional is not applicable.

** Signature of the superintendent of schools, community superintendent or borough high school superintendent is required. If experience was earned in a non-public/independent school, the chief school officer's signature is required.

_____ 2. You listed on your application experience at _____
We have no record that this a NYS public school or an approved non-public/independent school.

Therefore, please attach the following:

_____ (a) Photocopy of day care center permit issued by New York State Department of Social Services
or New York City Department of Health.

_____ (b) Verification of nursery school/kindergarten registration issued by New York State Education
Department, Bureau of Child Development and Parent Education.

_____ (c) Verification of private special education school approval issued by New York State Education
Department, Office of Education of Children with Handicapping Conditions.

_____ (d) Other _____