



Verification of PreK-12 Teaching Experience

Arizona Department of Education – Certification Unit

If the applicant had more than one teaching assignment in your school/school district, please complete separate forms for each assignment.

Applicant Information

First	Last	Public Educator ID or Last 4 digits of SSN
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Full-Time Teaching Experience Information

Dates of Employment: The above named applicant served as a full-time teacher in the assignment indicated below from: (MM/YYYY) to: (MM/YYYY)

1. **Position Title:**
2. **Grade(s) taught for this assignment:** Birth-PreK K-3 4 5-8 9-12
3. **Type of Classroom:**
 Self Contained
 Single Subject (Indicate Subject Area(s) taught):
4. **If the applicant taught special education, please check the area of special education:**
 Mild/Moderate Moderate/Severe Early Childhood Spec. Educ.
 Hearing Impaired Visually Impaired
5. **Please check any special student populations/specialized area(s), for this classroom, if applicable:**
 English language learners Bilingual Classroom Gifted Education Most students were gifted
6. **What was the applicant’s employment classification?**
 Contracted Teacher Substitute Teacher

If the applicant was a Substitute Teacher, please indicate the number of weeks the applicant had primary teaching responsibility in this classroom:

Signature of Superintendent/Personnel Officer	Title	Date
Name of District or School	City and State	Phone Number

Please email a signed copy of this completed verification form to Certification@azed.gov.



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General Information

This form is for use by a district, charter, or private school superintendent or personnel director to verify that a Certification applicant meets the requirements to waive a capstone experience or practicum requirement.

Effective August 3, 2018, substitute teaching experience may be used toward the waiver of a capstone experience or practicum requirement if the substitute teacher had full responsibility for the planning and delivery of instruction and evaluation of student learning. **Note:** Substitute teaching experience will **not** be accepted to waive a Professional Knowledge or Subject Knowledge exam requirement.

Instructions to the Applicant

Forward this Verification of Teaching Experience form to your school district human resources office or charter/private school principal via email with a request to verify your teaching experience.

Instructions to the School Superintendent or Personnel Officer

Complete the following steps to complete this form and submit to the Arizona Department of Education, Certification Unit:

Step 1: Enter the Applicant's Name, and either their Educator ID or last four digits of their Social Security Number;

Step 2: Enter the following information related to the applicant's teaching experience:

- **Dates of Employment:** Please indicate the beginning and end Month/Year the applicant served in the specified teaching position.
 - If the applicant is currently employed by your district/school, please put the current Month/Year as the end date.
 - If the applicant had more than one teaching assignment in your school/school district please complete separate forms for each assignment.
- **Position Type:** Indicate the type of teaching position the applicant was in. For example, Special Education Teacher, Reading Specialist, Elementary Teacher, etc.
- **Grades Taught:** Check only the grades that the applicant taught.
- **Subject Area(s) taught:** If the applicant was a self-contained (multi-subject) teacher, check "Self-Contained". If the applicant was a single subject (departmentalized) teacher, check "Single Subject" and type the subject area(s) taught (e.g., Art, Physical Education, Biology)
- **Special Education Area:** If applicant was a special education teacher, please check the area of special education.
- **Student Population/Specialized Areas:** If applicable, check the student population/specialized area(s) the applicant taught.
- **Employment Classification:** Indicate if applicant was a contracted teacher or a substitute teacher. If applicant was a substitute teacher, please indicate the number of weeks the applicant had primary teaching responsibility in the classroom.

Step 3: If applicant has additional years that must be verified, you may use the same form to verify additional years.

Step 4: Sign and date the form(s), and provide your title, the name and location of the school district or charter/private school, and a contact phone number.

Step 5: Email a signed copy of the completed verification form to Certification@azed.gov and provide a copy to the applicant.