



### Verification of Teaching Experience

You may need to send this form to more than one district if your experience was earned in multiple schools.			
<b>Applicant Information (To Be Completed By The Applicant):</b>			
Last Name:		First Name:	
Address:		City:	State: Zip Code:
Last four digits of SSN:		Former Name(s):	
<p>Remainder of this form is to be completed &amp; signed by the appropriate school official based on personnel records. If the employment history is too complex to enter below, please sign this form and attach additional documentation.</p> <p><b>NOTE:</b> Return original form to: OPI – Licensure Division, PO Box 202501, Helena MT 59620-2501          NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.</p>			
School Officials Name and Title (please print):			
School District:			
School District City/State:			
Does Your School Hold State Accreditation? <input type="radio"/> Yes <input type="radio"/> No		Was the licensure candidate above employed as a <b>TEACHER</b> in your school? <input type="radio"/> Yes <input type="radio"/> No	
Employed From (month/year) _____ To (month/year) _____			
Full Time? <input type="radio"/> Yes <input type="radio"/> No		Part Time? <input type="radio"/> Yes If "Yes", FTE Equivalent? (i.e. .25 for 1/4 of employment) <input type="radio"/> No	
Educational Area		<input type="radio"/> Pre K (Age 3 – Grade 3) <input type="radio"/> Elementary (K-8) <input type="radio"/> Middle School (4-8) Subject Area Taught _____ <input type="radio"/> Secondary (5-12) Subject Area Taught _____ <input type="radio"/> Special Education (PK-12) <input type="radio"/> School Counselor <input type="radio"/> Other: Please describe _____	
I verify that the work experience information as documented on this form is correct to the best of my knowledge.			
Signature:			
Printed Name and Title:			
Date:	Email Address:	Phone Number:	