

VERIFICATION OF PREVIOUS EXPERIENCE AS A LICENSED EDUCATOR

SECTION A	SECTION A – To be completed by the LICENSED EDUCATOR													
Educator: After completing Section A, please send this form to your former District for verification of previous experience as a licensed educator.														
Educator's Full Name:							Social Security Number:							
Mailing Address (City, State, Zip Code):								Phone Number:						
SECTION I	SECTION B – To be completed by the FORMER DISTRICT/EMPLOYER													
Former District/Employer: Please provide verification of this former employee's contracted experience as a licensed educator in your District/Accredited School. Each year of professional service should be listed on a separate line (please use the back of this form, if needed, for additional years). Each year must have required a valid Educator license in order to qualify as one year experience. Experience as a substitute teacher should not be included.														
Name of District: Mailing Address (City, State, Zip Code):										ıe:		Date of Verification:		
School Year	Beginning Date of Employment	Ending Date of Employment	Name o	F School	Is this a K-12 or Special Education Accredited School?		Position Held	Was an Educator License Required for this Position?		How Many Days were Considered a Full Contract Year?	How Many Days did this Educator Work?	What was the Educator's FTE Percentage? (1.0 = Full-time)		
					Yes	No			Yes	No				
					Yes	No			Yes	No				
					Yes	No			Yes	No				
					Yes	No			Yes	No				
					Yes	No			Yes	No				
					Yes	No			Yes	No				
Total Years of Previous Experience as a Licensed Educato							or in Your District/Accredited School:			Years:		Months:		
CERTIFYING OFFICER: Please provide your name, title, and signature of verification.														
Name: Title:							Signature:							
Upon completion of this form, please return to:						F	For questions or assistance with this form, please contact:							
 Nicole Humpherys, Human Resource Specialist 101 West Center, Logan, UT 84321 FAX (435) 755-2311 Nicole.humpherys@loganschools.org 							 Nicole Humpherys, Human Resource Specialist (435) 755-2300 ext. 1015 Nicole.humpherys@loganschools.org 							