



Verification of PreK-12 Teaching Experience

Arizona Department of Education – Certification Unit

General Information

This form is for use by a district, charter, or private school superintendent or personnel director to verify teaching experience for an applicant.

“Teaching experience” means full-time employment which included full responsibility for the planning and delivery of instruction and evaluation of student learning.

Only verify the teaching experience in your district.

This form is fillable.

Instructions to the Applicant

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

Do **not** use this form to verify Administrative, or other non-teaching experience.

Instructions to the School Superintendent or Personnel Officer

1. Enter the Applicant’s Name, and either their Educator ID or last four digits of their Social Security Number.
2. Self-Contained classrooms:
 - Enter grade level taught. If the individual taught the same grade level for consecutive years, use one line.
 - Start date and end date (only verify actual time in the district, not future time).
 - Indicate if the teacher taught special education setting.
 - Indicate if the teacher taught special population Bilingual or ELL classroom.
 - Indicate Employment Classification.
3. Single Subject Classrooms:
 - Enter grade level taught.
 - Enter single subject area – one content per line.
 - Start date and end date (only verify actual time in the district, not future time)
 - Indicate if this content was taught a majority of the day.
 - If taught 5 sections and 3 are math and 2 are science, math would be the majority of the day.
 - Indicate if the teacher taught in a special education setting.
 - Indicate if the teacher taught a special population: Bilingual or ELL classroom.
 - Indicate Employment Classification.
4. Sign and date the form, provide your title, the name and location of the school district or charter/private school and contact phone number.
5. Email a signed copy of the completed verification form to Certification@azed.gov and provide a copy to the applicant. Forms submitted by the applicant will not be accepted.



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Applicant Information

First	Last	Public Educator ID or Last 4 digits of SSN
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Teaching Experience: (to be completed by the verifying authority)

Self-Contained Classroom: Complete this section if the teacher taught the same group of students all day all contents.

Title(s):					
Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Grade level or range	If taught special ed, indicate the special ed area: mild/mod, mod/severe, ECH Sped, hearing or visually impaired.	If taught special populations, indicate the special population: English Language Learners, Bilingual.	Indicate Employment Classification: (Contract, Substitute or At Will) (If substitute, indicate number of weeks)

See next page for single subject classroom experience.

I certify that the above information to be true and correct.

Signature of Superintendent/Personnel Officer	Title	Date
Print/Type Name	Email	
Name of District/Charter School/Charter Holder	City & State	Phone Number

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human resources to the Arizona Department of Education Certification Unit at certification@azed.gov.
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Single Subject Classroom(s): Complete this section if the teacher taught one content area to different groups of students.

Title(s):							
Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Grade level <small>(one grade level per line)</small>	Single Subject Content Area <small>(one content area per line)</small>	Was this the majority of the day? Y/N	If taught special ed, indicate the special ed area: mild/mod, mod/severe, ECH Sped, /hearing or visually impaired.	If taught special populations, indicate the special population: English Language Learners, Bilingual.	Indicate Employment Classification: (Contract, Substitute or At Will) <small>(If substitute, indicate number of weeks)</small>

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Signature of Superintendent/Personnel Officer	Title	Date
Print/Type Name	Email	
Name of District/Charter School/Charter Holder	City & State	Phone Number

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