



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.

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.

Instructions to the School Superintendent or Personnel Officer

Complete the following steps:

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 Dates of Employment for a teaching assignment: Please indicate the beginning and end Month/Year the applicant served in the **same teaching position**.

- If the applicant is currently employed by your district/school, please put the current Month/Year as the end date.
- Please do not combine different teaching assignments on the same form.

Step 3: Provide the information requested related to the teaching assignment. (Position Type, Grades Taught, etc.)

Step 4: If applicant had more than one teaching assignment, complete an additional form for each assignment.

Step 5: 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 6: 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 may not be accepted.



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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 6-8 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
 If Gifted Education is checked, were most students gifted? Yes No
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:

I certify the above information to be true and correct.

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

This teaching experience verification form should be emailed by the LEA human resources to Certification@azed.gov.

Forms submitted by the applicant may not be accepted.