



# 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](mailto: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](mailto: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: <b>(Contract, Substitute or At Will)</b> <small>(If substitute, indicate number of weeks)</small>

**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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