



Verification of PreK-12 Leadership and Professional Non-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 experience in an administrative or professional non-teaching experience. Administrative experience includes experience in a superintendent, principal, supervisor, or other school leadership position. Professional non-teaching experience includes experience as a school counselor, school psychologist, school social worker, or school speech-language therapist.

This form is fillable.

Instructions to the Applicant

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

Note: Please do not forward this form to verify full-time teaching experience. Instead, forward the "[Verification of PreK-12 Teaching Experience](#)" form to the district/school human resources office.

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. Enter start and end dates of experience, include month, date, and year.
 - **Note:** If the applicant is currently in the position, please do **not** enter a future date. Instead put the current date or "Present".
3. Enter the position title:
 - **For Administrative position enter:**
 - Superintendent, Assistant or Associate Superintendent, Principal, Assistant Principal, Supervisor, or Director,
 - **For Professional Non-Teaching enter:**
 - School Counselor, School Psychologist, School Social Worker, School Speech Therapist, or School Speech-Language Pathologist.
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 directly 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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EXPERIENCE VERIFICATION

Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Position Title (e.g., Assistant Principal, School Counselor)	Position Classification
			<input type="checkbox"/> Administrative <input type="checkbox"/> Professional Non-Teaching <input type="checkbox"/> Other Leadership
			<input type="checkbox"/> Administrative <input type="checkbox"/> Professional Non-Teaching <input type="checkbox"/> Other Leadership
			<input type="checkbox"/> Administrative <input type="checkbox"/> Professional Non-Teaching <input type="checkbox"/> Other Leadership
			<input type="checkbox"/> Administrative <input type="checkbox"/> Professional Non-Teaching <input type="checkbox"/> Other Leadership
			<input type="checkbox"/> Administrative <input type="checkbox"/> Professional Non-Teaching <input type="checkbox"/> Other Leadership

If the applicant was a **Principal or Assistant Principal**, was s/he supervised by a certified principal?

☐ Yes ☐ No

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