Verification of Experience for the Teacher Leader Practicum Waiver

Arizona Department of Education – Certification Unit

General Information and Instruction

- This form verifies that an applicant for the Teacher Leader, PreK–12 Endorsement has completed at least two years of part-time or full-time experience in a PreK–12 school leadership position. This form is not valid for any other certification purpose.

Instructions for Teacher Leader, PreK-12 endorsement applicants

- Forward this form to your school/district human resources office where you have the required experience in a school leadership position.

Instructions for the Human Resources Administrator

1. Enter the applicant's name and Educator ID number or last four digits of their Social Security Number.
2. Check the box to confirm applicant's school leadership experience.
3. Print your name, provide your title, the name and location of the school or district, and contact information.
4. Sign and date the form (Signature may be typed).
5. Save the form as a PDF and email it directly to Certification@azed.gov.

District/School must complete this section

Applicant Information

First Name:	Last Name:	Educator ID # or Last 4 digits of SSN:

Verification of Experience

☐ I verify that the above named applicant has at least two years of part-time or full-time experience in a PreK-12 school leadership position.

Print/Type Name	Email
Title	**Phone Number**
Name of School District, Charter School, or Private School	**Location of District or School**

Signature of Arizona Superintendent or Human Resources Administrator **Date**

The completed form must be emailed directly by the school/district human resources office to Certification@azed.gov . Forms that are submitted by the applicant will not be accepted.