

Teaching Experience Verification Form

Required For Applying For Five Year Professional Principal License

Name of Candidate: _____

Please check grade level bands that you taught for two or more years under a valid teaching license and or certificate.

_____ PK-6
_____ 4-9
_____ 5-12

School System(s) _____

Name of School Official verifying teaching experience: _____

School District: _____

Signature District Personnel _____

(If experience is in another district)

Name of School Official verifying teaching experience: _____

School District: _____

Signature District Personnel _____

Candidate's Signature _____

(My signature attests that the information given on this form is accurate and true.)

Forward completed form to:
Licensure Coordinator prior to applying for Principal license