

Experience Verification Form

Folder Number _____	Social Security Number _____
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1. To be completed by applicant

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

TELEPHONE Home: AC _____ - _____ Work: AC _____ - _____

2. To be completed by administrator

I hereby verify that the above-named applicant served successfully as a teacher or administrator in this school district during the dates indicated below, based on a local evaluation process. (If verifying only substitute teaching, please complete lines d, e, f, and g).

- a) _____ - dates in district, list beginning and ending month and year dates
- b) _____ - specific grade(s) taught or administered
- c) _____ - subject area / disability area / or administrative area
- d) _____ - school district/ college
- e) _____ - city
- f) _____ - state, if other than Iowa
- g) _____ - days in district, of only substituting

Signature of Administrator

Date

Typed Signature of Administrator

Telephone #: _____ - _____
Area Code

NOTICE--RETURN TO APPLICANT--DO NOT MAIL DIRECTLY TO BOARD OF EDUCATIONAL EXAMINERS

NOTE: Photocopies or copies by fax of any application form or experience verification form will not be accepted. Original signatures are needed.

NOTE TO ADMINISTRATOR: If in your judgment you are convinced that the applicant above should not be given licensure, at least until further investigation is made, do not sign this form and please write a CONFIDENTIAL LETTER to the above address stating your reasons.