

Work Experience Verification

Teaching Experience Verification, Non-Teaching Employment Verification, and Employer Information sections of this form must be completed by the employee's current or previous human resources or personnel director, school district superintendent, charter or private school administrator or equivalent and submitted directly to the State Board of Education. Third party verification will not be accepted. Forms completed or altered by the applicant will not be accepted.

EMPLOYEE INFORMATION

First Name	Last Name
Last 4 Digits of SSN	Date of Birth

TEACHING EXPERIENCE VERIFICATION

Use separate rows to indicate changes in teaching assignments. Middle school and high school teaching positions must include the subject area (example: language arts, social studies). If the position held was teaching exceptional children (special education), please indicate the **special education population** served (examples: gifted, mild/moderate, visually impaired).

TEACHING ASSIGNMENT 1	
Start Date (MM/YYYY)	End Date (MM/YYYY)
Subject Areas or Special Education Populations (see above)	
Grade Levels	Substitute Teacher (Y or N)
TEACHING ASSIGNMENT 2	
Start Date (MM/YYYY)	End Date (MM/YYYY)
Subject Areas or Special Education Populations (see above)	
Grade Levels	Substitute Teacher (Y or N)

NON-TEACHING EMPLOYMENT VERIFICATION

Indicate the employee's positions held below (examples: principal, school counselor, office manager, classroom aide).

NON-TEACHING POSITION 1	
Start Date (MM/YYYY)	End Date (MM/YYYY)
Position Held	Grade Levels Served
NON-TEACHING POSITION 2	
Start Date (MM/YYYY)	End Date (MM/YYYY)
Position Held	Grade Levels Served

EMPLOYER INFORMATION. See page 2 to complete employer information section.

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EMPLOYER INFORMATION

Name of Employing School, District, Organization, or Business	
Office Phone Number	
Office Street Address	
City, State, Zip Code	
Title of Authorized Official	
Email Address of Authorized Official	
Name of Authorized Official (Print or Type)	
Signature of Authorized Official	Date of Signature

Do not return this form to the applicant. Email completed form to Educator.Licensure@SBOE.Ohio.Gov OR mail to:

Office of Educator Licensure and Effectiveness
William Green Building
30 W. Spring Street, 12th Floor
Columbus, Ohio 43215