



Verification of Administrative Experience at a State Accredited P – 12 School
ARM 10.57.414(f)


Applicant Information, Print Clearly:

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____ Former Name(s): _____

Last Four Digits of Your SSN: _____

 The following information is to be completed by the applicant's current and/or previous School District.

Please note:

- This document must be signed by a Human Resources official, the School Board Chair, or any other person in direct supervision of the applicant.
- The employment history must cover successful one-year work history
- Once completed and signed by appropriate official, return this form to the OPI Educator Licensure Unit via email to cert@mt.gov.

School District Information, Print Clearly:

School Official's Name	Title	School District
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School District Address	City and State	Zip Code
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Was this school accredited by the state of occupancy during the time of applicant's tenure? Yes ___ No ___

Was the applicant employed as a licensed and appropriately assigned administrator in your school? Yes ___ No ___

Employed from: (month/year) _____ to _____

Please check the administrative level the applicant held at your district:

Elementary Principal ___ Secondary Principal ___ K – 12 Principal ___

K – 12 Superintendent ___ Supervisor ___

Full time? Yes ___ No ___

Part time? Yes ___ No ___ If Part time, FTE Equivalent? (i.e., .25 for ¼ time) _____

I verify that the work experience and eligibility for licensure information provided on all pages of this document are correct to the best of my knowledge.

Signature _____

Printed Name and Title: _____

Date: _____ Email Address: _____ Phone: _____