



Verification of Teaching Experience

Applicant: Complete the top portion of this form and send it to the school district(s) where you work or have worked. You may need to send this form to more than one district if your experience was earned at multiple schools.


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: _____

 Remainder of this form must be completed and signed by the appropriate school official based on personnel records. If the employment history is too complex to enter below, please sign this form and attach additional documentation.

School Official: Return the completed 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
_____	_____	_____
School Address	City and State	Zip Code

Does Your School Hold State Accreditation? (Not Associations) Yes ___ No ___

Was the licensure candidate above employed as a TEACHER (not as a substitute) in your school? Yes ___ No ___

Employed from: (month/year) _____ to (month/year) _____

Full time? Yes ___ No ___

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

Educational Area:

Pre-K (P – Grade 3) ___ Elementary (K – 8 all subjects) ___ Special Education (PK - 12) ___

Middle School (4 – 8) Subject Area Taught and Grade(s) _____

Secondary (5 – 12) Subject Area Taught and Grade(s) _____

K-12 Subject Area Taught and Grade(s) _____

Other (Please describe): _____

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: _____