

CERTIFICATED PROFESSIONAL EXPERIENCE REPORT

SECTION I: TO BE COMPLETED BY APPLICANT

Fill out this section and send the form to your previous and/or current employer(s) who will be verifying your certificated professional experience. When all completed forms have been returned to you, include them in your application packet to the Idaho Department of Education. *Only certificated, contracted experience will be accepted.*

Full Legal Name	Birth Date
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Maiden Name/Other Name	Email Address
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Mailing Address	City, State, Zip
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SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER VERIFYING CERTIFICATED EXPERIENCE

Based on personnel records, this statement must be prepared and signed by the superintendent/administrator or the official responsible for human resources where the applicant was employed. Only signatures from the school district/charter school/private school where the experience was completed will be accepted. Please return the completed form directly to the applicant.

Certificated Position	Did they hold educator certification? Yes or No?	Start Date	End Date
Teaching			
Pupil Service Staff			
Administrator			

School Name	Mailing Address	City, State, Zip Code
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Superintendent/Charter Administrator/HR Name	Title	Date
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Signature of Superintendent/Charter Administrator/HR
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