



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 State Department of Education or submit them to your current Idaho employer. Certificated professional experience obtained while holding an educator certificate is the only experience accepted.

Full Legal Name	Birth Date
Maiden/Other Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address	
Street or PO Box #	
City, State, Zip Code	Phone #

SECTION II: TO BE COMPLETED BY 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 Type	Did they hold educator certification?	Start Date	End Date
Teaching	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pupil Service Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No		
School District/Charter/Private School	Address	Phone Number	
Signature of Superintendent/Administrator/HR	Title	Date	