

INSTRUCTIONS FOR VERIFICATION OF EXPERIENCE FORM PDE 338 V

Candidates for Supervisory, Administrative or Letter of Eligibility certificates **must** submit this Verification of Experience form. Candidates for Instructional and Educational Specialist certificates should include any previous professional experience.

APPLICANT

1. Complete PART A **by printing in capital letters with dark blue or black ink** your Last Name, First Name, Middle Initial, and entering your Social Security Number.
2. Send a separate copy of this form to each present or former employer. **You may photocopy this form as needed.**
3. After this form is completed by each employer and returned to you, check the information for completeness before adding it to your packet.

NOTE: Beginning and Ending Dates must include month, day and year, and employers must provide their Signature, Title, School Address and Telephone Number.

EMPLOYER

Complete PART B **using dark blue or black ink.**

1. All requested information must be supplied. Please note that Beginning and Ending Dates must include month, day and year.
2. If the employee was a teacher, please indicate the grade levels and/or academic subjects taught. Otherwise indicate title (e.g. counselor, supervisor, principal).
3. Sign the application and print your Title and the Date.
4. Print the School Address and your office Telephone Number.
5. Return the form to the applicant, **NOT** to the Bureau of Teacher Certification and Preparation.