VERIFICATION OF K-12 EDUCATOR EXPERIENCE

	ast name	first name	n	niddle name		maiden name	
street address city state zip co						zip code	
social security number email address							
To the employer: Please return this form to the employee. Do not send it directly to the Licensure Section.							
Box A							
School system Public Private		Beginning date of service (month, day, year)	Ending date of service (month, day, year)	Total hours worked per w full-time part-time	eek F	Position title (e.g., teacher, counselor, supervisor, principal, superintendent)	
Box B	K-	-12 Instructional Teacl	her Assistant Experience	(to be completed	l by empl	oyer)	
School syst	Total not		Total hours worked per week	· ·			
Please use a separate line for each school year.					The assignment meets the criteria statement* below.		
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
The inst	with actual instructio	nal teaching responsive	listed above was servi ibilities comprising a ma re of absence periods and official records of this sch	inimum of 50% that all informa	of daily a	activities.	
signature of superintendent or designee		date telephone			address		
title		email address			city, state, and zip code		

Public Schools of North Carolina Department of Public Instruction Licensure Section

Experience Credit: How to Apply

For experience as a professional educator:

Have Form E (Verification of Experience) completed by your former employer(s). If you are submitting experience from more than one employer, have each one complete a separate form. Form E may be copied as needed. Please note that only experience of one-half time or more (fifteen hours per week) will be considered in the evaluation.

- Experience as a K-12 professional educator (teacher, counselor, principal, etc.) should be reported in Box A. All requested information must be supplied. Beginning and ending dates must include month, day, and year.
- Experience as a K-12 instructional teacher assistant should be reported in Box B. All requested information must be supplied. Beginning and ending dates must include month, day, and year. Employers must indicate whether or not each year of experience meets the criteria for credit by checking the appropriate box in the right hand column.

Submitting Form E

▶ Upload a completed and signed copy of Form E at https://vo.licensure.ncpublicschools.gov/. Application instructions and additional information are available within the online licensure system.

Note: Non-teaching Work Experience cannot be requested using this form. Requests for Non-teaching Work Experience must be submitted online using Form NE, along with additional documentation from the personnel office of the employing NC school system.