

North Carolina Department of Public Instruction

Postsecondary Educator Experience Verification

Experience Credit: How to Apply

For experience as a professional postsecondary educator:

- ▶ **Postsecondary educator experience is defined as classroom teaching in an institution of higher education such as:** community college, technical institute/college, college, or university.
- ▶ **For experience as a professional educator at the postsecondary level:**
Have the Postsecondary Educator Experience Verification Form (Form CE) completed by your former or current employer(s). If you are submitting experience from multiple employers, have each one complete a separate form.

Please note that a minimum of part-time (six semester hours of classroom teaching per week) or more is required to qualify for experience credit. Full-time experience credit requires a minimum of twelve semester hours of classroom teaching per week.

- ▶ Experience as a Postsecondary Educator must be reported completely, as required on the form.
- ▶ Beginning and ending dates for each quarter/semester taught must include month, day, and year.
- ▶ Total semester hours **taught per week** must be specified.

Submitting Form CE

- ▶ Upload the completed and signed Form CE into your open application at <https://vo.licensure.ncpublicschools.gov/>.

POSTSECONDARY EDUCATOR EXPERIENCE VERIFICATION

last name	first name	middle name	maiden name
street address	city	state	zip code
social security number	telephone and email address		

▶▶ **To the employer:** Please return this form to the employee. Do not send it directly to the Licensure Section.

Postsecondary Professional Educator Experience (to be completed by employer)				
Name of Institution	Beginning date of quarter/semester (month, day, year)	Ending date of quarter/semester (month, day, year)	Total semester hours taught per week 12 hours= Full-time 6 hours= part-time	Position title
(PLEASE USE A SEPARATE LINE FOR EACH QUARTER/SEMESTER TAUGHT)				

I certify that this verification omits leave of absence periods and that all information is complete and correct according to the official records of the institution.

signature of personnel officer/designee	date	telephone	address
title	email address	city, state, and zip code	