



Verification of Teaching Experience

Office of Educator Quality

205 Jefferson Street, P.O. Box 480 • Jefferson City, MO 65102-0480 • dese.mo.gov

SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED TEACHING EXPERIENCE.

SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	PHONE NUMBERS HOME	WORK
LEGAL SIGNATURE OF APPLICANT			DATE	

SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

The above named individual was employed as a teacher in our school system as verified below.

BEGINNING DATE OF EMPLOYMENT		ENDING DATE OF EMPLOYMENT	TOTAL YEARS TAUGHT	
SUBJECT AREA(S) TAUGHT	GRADE LEVEL(S)	SUBJECT AREA(S) TAUGHT	GRADE LEVEL(S)	

NAME OF SCHOOL SYSTEM

SCHOOL ADDRESS

CITY, STATE, ZIP CODE

ADMINISTRATOR'S NAME (PRINT OR TYPE)	ADMINISTRATOR'S TITLE	SCHOOL PHONE NUMBER
ADMINISTRATOR'S SIGNATURE		DATE

NOTE: Teacher certification in Missouri is designed into multi-level plan. Teachers are issued the appropriate level according to the number of years of teaching experience and the level of education. Experience must be contracted in a recognized, accredited school and at least half-time. Substitute teaching or serving as a teacher's aide or assistant cannot be counted.

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**PLEASE RETURN THIS FORM TO THE TO THE APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE.
THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS.
ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES!**

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