Georgia PSC Experience Verification Form – Revised May 2015

200 Piedmont Avenue SE, Suite 1702, Atlanta, GA 30334-9032

Please Use Dark Ink or Type

1. Applicant Information:

Title ☐ Mr. ☐ Ms. ☐ Dr.

Last Name

First Name

Middle Name

Social Security Number or GaPSC Certification ID

Date of Birth (MM/DD/YY) / /

The Experience Verification Form is used to verify educational work experience. Please do not use this form to verify occupational work experience for Career & Technical Specializations or Healthcare Science. Employment in Georgia public schools is reported electronically and need not be verified on this form. This form may be used to verify:

- Out-of-state educator experience:
  - If applying for initial Georgia certification, any experience earned within the last five years should be verified.
  - If applying for renewal, one year of out-of-state experience earned within the last five years should be verified.
- Educator experience earned in a Georgia private school that does not have access to the www.gapsc.org system. This experience may be required when applying for renewal or conversion.

Please visit www.gapsc.com for more information about experience you may need to verify for certification purposes.

2. Employer Section:

The information listed below is to be completed by the applicant's current or previous employer. For public school systems, it should be completed by the system **Superintendent** or **Designated Personnel/Human Resources Officer**. Forms signed by public school principals will **not** be accepted by the GaPSC unless accompanied by a letter from the school system confirming authorization to verify employment information. For independent charter schools, private schools, or agencies, the information may be completed by a **Headmaster**, **Director**, or other **Designated Personnel/Human Resources Officer**.

Please use separate lines for each school year (July 1 – June 30), or to document changes in employment status or teaching duties. Please verify only **full-time** employment as an educator.

School District Or Institution	Accrediting Agency	Dates of Service		# of Days Worked	Annual Performance Rating	Grade(s) Taught*	Subject(s) Taught*	Certificate Required for Position? (Y/N)
		From mm/dd/yy	To mm/dd/yy					
					☐ Satisfactory ☐ Unsatisfactory			
					☐ Satisfactory ☐ Unsatisfactory			
					☐ Satisfactory ☐ Unsatisfactory			
					☐ Satisfactory ☐ Unsatisfactory			
					☐ Satisfactory ☐ Unsatisfactory			

* If the applicant was employed in multiple fields, please indicate the grade(s)/subject(s) taught for the largest portion of the work day. If Special Education was taught, please identify the disability served (e.g. BD, LD, general curriculum/cross-categorical, etc.) If Middle Grades or Special Education was taught, please identify the specific academic subject area(s).

Name of Authorized Official (print/type) **Signature** **Date**

Title **Name of Institution**

Phone Number **Mailing Address**

Email Address **City, State, Zip**