**HTSB Form EX1000** **5/2020**

**Hawai`i Teacher Standards Board**
650 Iwilei Road, Suite 268
Honolulu, HI 96817

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808-586-2600

# VERIFICATION OF EXPERIENCE FOR STANDARD AND ADVANCED LICENSE OR ADDING A FIELD

Complete and sign Section 1 before sending this form to the administrator of your educator preparation program. Your program may ask to verify your social security number and date of birth. Ask your program to return this form to HTSB at htsb@hawaii.gov.

## *1. PERSONAL INFORMATION*

HTSB ID from your "My Profile" tab in your online record: _____ _____ _____ _____ _____

Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail Address _____ Phone, including Area Code _____

*DISCLAIMER: I hereby authorize the release of the information regarding my professional experience.*

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Applicant signature: _____ Date: _____

## *2. VERIFICATION BY AUTHORIZED SCHOOL OR DISTRICT OFFICIAL*

**To Authorized Official:** This individual has applied for a license in the State of Hawaii. Please check or complete the appropriate area(s) to verify contracted P-12 professional teaching experience(s) in your school/school district. Email this form to HTSB at htsb@hawaii.gov
Check one:

☐ This applicant has served in the following contracted P-12 position(s) in my school.
☐ This applicant has **not** served in contracted P-12 position(s) in my school.

| From (mo/yr) | To (mo/yr) | Subject Taught | Grade level Taught | Check Below if Experience was Full Time |
|---|---|---|---|---|
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Signature of Authorized School Official (e-sign or signature) _____ Print Name and Title _____

District/School _____ City _____ State _____ ( ) Phone, including Area Code _____

E-Mail Address _____ Date _____

Please indicate: ☐ Public School ☐ Non-Public School If Non-Public School, List Accreditation: _____