HTSB Form EX1000 **12/2018**

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

htsb@hawaii.gov
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.

Check one:

- ☐ This applicant has resigned or been dismissed after an investigation of misconduct.
- ☐ This applicant has **not** resigned or been dismissed after an investigation of misconduct.

From (mo/yr)	To (mo/yr)	Subject Taught	Grade level Taught	Check Below if Experience was Full Time

Signature of Authorized School Official _____ 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: _____