HTSB Form EX1000 **6/2018**

Hawai`i Teacher Standards Board
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Phone: 808-586-2600
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VERIFICATION OF QUALIFYING EXPERIENCE FOR STANDARD AND ADVANCED LICENSE, AND ADDING A FIELD

Directions for Applicant: 1) Send this verification form to an **authorized official** of each school or school district where you completed your qualifying satisfactory professional teaching experience. * 2) You must sign Section 1, which includes the Disclaimer, before sending to the authorized official. 3) This form should be returned to HTSB by the school or school district.

*Standard License: 3 years within the last 5 from the date of application
*Advanced License: 5 years within the last 8 from the date of application
*Adding Field: 1 year in the field **OR** 3 years in the grade level within the last 5 from the date of application

SECTION 1. PERSONAL INFORMATION. *Print or type in blue ink.*

Last Four Digits of Social Security Number _____ _____ _____ _____ Date of Birth ____/____/____

_____ _____ _____
(Last name) **(First name)** **(Middle Name)**

Current Mailing Address _____City _____State _____ Zip _____

Telephone (___)_____ E-mail Address_____

DISCLAIMER: I hereby authorize the release of the information regarding my qualifying teaching experience at the school/ school district from which I am making this request.

Applicant signature_____ **Date** _____

SECTION 2. TO BE COMPLETED BY AUTHORIZED SCHOOL OR DISTRICT OFFICIAL

To Authorized Official: This individual has applied for either a license or to add a field to an existing license in the State of Hawaii. Please check or complete the appropriate area(s) to verify the satisfactory contracted P-12 professional teaching experience(s) in your school/school district. Use a separate line for each year of service and type or print requested information. Send this form to HTSB at the address above by regular mail or email.

- ❑ This applicant has served in the following contracted P-12 position(s) in my public or approved nonpublic schools.
- ❑ This applicant has not served in contracted P-12 position(s) in my public or approved nonpublic schools.

AND

- ❑ This applicant has not resigned or been dismissed because of misconduct.

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

_____ _____
Signature of Authorized School Official Print Name and Title Date Signed

_____ (____)_____
District/School City State Telephone

_____
E-Mail Address

Please indicate: _____Public School _____ Non Public School _____ If Non Public School, List Accreditation