## **HTSB Form EX1000**

**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

Directions: 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) Have the form returned to you and upload to your HTSB account.

TCD ID f		o in vour online recent:			
ISB ID fror	m your "My Profile" tal	o in your online record:			
ast Name		First Name	MI		
Mailing Address		City	State		Zip
-mail Address			Pr	one, including Area Code	
ISCLAIMER	R: I hereby authorize th	e release of the information regardir	ng my professional expe	erience.	
pplicant signature:			Date:		
		DRIZED SCHOOL OR DISTRICT (			
		l in the following contracted P-12 por rved in contracted P-12 position(s) ir			
□ Th				Grade level Taught	Check Below if Experience was
□ Th	nis applicant has <u>not</u> se	rved in contracted P-12 position(s) ir			
□ Th	nis applicant has <u>not</u> se	rved in contracted P-12 position(s) ir			Experience was
□ Th	nis applicant has <u>not</u> se	rved in contracted P-12 position(s) ir			Experience was
□ Th	nis applicant has <u>not</u> se	rved in contracted P-12 position(s) ir			Experience was
From (mo/yr)	To (mo/yr)	rved in contracted P-12 position(s) in  Subject Taught	n my school.		Experience was
From (mo/yr)	To (mo/yr)	rved in contracted P-12 position(s) in  Subject Taught			Experience was
From (mo/yr)	To (mo/yr)  f Authorized School Of	Subject Taught  Ficial (e-sign or signature)  Print N	n my school.	Taught	Experience was
From (mo/yr)	To (mo/yr)  f Authorized School Of	Subject Taught  Ficial (e-sign or signature)  Print N	ame and Title  City State	Taught	Experience was Full Time