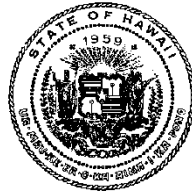


Hawai'i Teacher Standards Board  
650 Iwilei Road, Suite 268  
Honolulu, HI 96817



www.hawaiiteacherstandardsboard.org  
Email: htsb@hawaii.gov  
Phone: 808-586-2600

**VERIFICATION OF EXPERIENCE FOR RENEWAL**

**Directions:** (1) Send this verification form to an authorized school or district official in the school or school district where you completed your professional teaching experience. 2) You must sign Section 1, which includes the Disclaimer, before sending to the authorized official. 3) **Retain this form for your records.**

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

Last 4 digits of Social Security Number **XXX - XX -** \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Last name) (First name) (Middle Name)

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ OR Cell Phone ( ) \_\_\_\_\_ Non Lotus Notes 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 (APPLICANT: DO NOT WRITE BELOW THIS LINE)**

**To Authorized School or District Official:** This individual has applied to renew his/her Hawai'i teaching license (includes school counselors and school librarians) and must demonstrate he/she "successfully" taught in the last five years. **This experience is defined below:**

1. Verified administrative, supervisory and/or teaching experience in a public/charter school operated by a local education agency in a P-12 setting in Hawaii or another state; or

2. Verified administrative, supervisory and/or teaching experience in a charter/non-public school in a P-12 setting in Hawaii or another state. (Accredited or approval agencies are the State Department of Education and or Southern, Middle States, North Central, New England, Northwest and Western Associations of Schools and Colleges.)

3. Employees of the Hawaii Department of Education who held a valid Hawaii teaching license during the period of employment for which experience is requested.

Note: Numbers 1 and 3 include Hawaii DOE administrators, supervisors, teachers, school librarians and school counselors.

**I attest that this applicant taught using the method checked above in a P-12 setting within the last five years of the applicant's date on this verification form.**

\_\_\_\_\_  
Signature of Official Print Name/ Title Date Signed

\_\_\_\_\_  
School District

\_\_\_\_\_  
City, State Telephone Email Address