

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) Complete, sign and date section 1.
- 2) Send this verification form to an authorized school or district official in the school or school district where you completed your professional teaching experience and ask them to complete section 2 for you.
- 3) Ask the school to either email it directly to HTSB or return it to you and upload to the Documents tab of your HTSB account.

**SECTION 1. PERSONAL INFORMATION**

First and Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Phone \_\_\_\_\_ Personal 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. I further verify that the information provided above is accurate and true.

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 their Hawai'i teaching license (includes experience of school counselors and school librarians). Please verify the teaching experience below.

**Please check the appropriate box and list the full time teaching experience at your school (Check one):**

1. Verified successful teaching experience in a Hawaii Public Charter School.
2. Verified successful teaching experience in an accredited Hawaii Independent or Private School.
3. Verified successful teaching experience in an accredited school in a U.S. state or U.S. territory.

Position Title (e.g., Teacher, School Counselor, School Librarian)	Subject Taught (Specific Content Areas)	Grade Level(s)	From (Mo/Yr)	To (Mo/Yr)	Check box below if the experience was full-time

**I hereby verify the information provided above is accurate and true that the above-name applicant has a minimum of one full year within the last five years of contracted full-time teaching experience in a P-12 setting in Hawaii or another U.S. state or U.S. territory.**

Signature of Official \_\_\_\_\_ Print First and Last Name \_\_\_\_\_ Date Signed \_\_\_\_\_

Position Title \_\_\_\_\_ School \_\_\_\_\_ Email Address \_\_\_\_\_

City, State \_\_\_\_\_ Phone \_\_\_\_\_ Current School Accreditation Agency \_\_\_\_\_