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) Before sending to the authorized official, you must complete, sign, and date section 1.

3) Have the completed form returned to you and upload to the Documents tab of your HTSB account.

SECTION 1. PERSONAL INFORMATIC	ON .		
HTSB Profile ID			Date of Birth / /
ast 4 digits of Social Security Numb	er XXX -XX		
ast name	First name		Middle name
Current Mailing Address		City	StateZip
hone	Perso	nal E-mail Address_	
DISCLAIMER: I hereby authorize the district from which I am making this	-	arding my qualifyiı	ng teaching experience at the school/school
Applicant signature			Date
other accredited or private scho	ool. (Please attach their most r	ol in a U.S. state or	
4. Verified employment with the period of employment for white the this applicant taught using the period.	ich experience is requested.		Hawaii teaching license during the 12 school setting within the last five years of the
oplicant's date on this verification for	•		
Signature of Official	Print First and Last	Name	Date Signed
Position Title	School		District