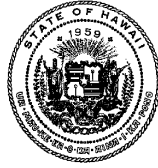


Hawai'i Teacher Standards Board
650 Iwilei Road, Suite 201
Honolulu, HI 96817



www.htsb.org
htsb@hawaii.gov
Phone: 808-586-2600
Fax: 808-586-2606

VERIFICATION OF QUALIFYING 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) 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 4 digits of Social Security Number XXX - XX - _____ Date of Birth ___/___/___

(Last name) (First name) (Middle Name)

Current Mailing Address _____ City _____ State _____ Zip _____

Work Phone () Home Phone () 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. Please 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.

Table with 5 columns: 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