

Verification Process for Out-of-Country Teaching Experience

All items below are necessary for our agency to adhere to law when determining whether prior service qualifies as an allowable teaching year. If any item is incomplete, your request will not be processed.

- 1) Properly completed Proof of Teaching form (form and instructions attached);
- 2) Copy of teaching certificate(s) to cover all years being verified (If certificates are/were not issued in said country, teacher must provide a letter from governing body stating this as fact and verifying the “teacher” status of applicant during said years.);
- 3) Letter from governing body verifying that school was accredited/endorsed by approved entity.

Law also requires requesting teacher to have any/all forms, in a language other than English, analyzed by an evaluation service and submitted in the English translation. (70 O.S. § 18-114-14)

C. Any of the degrees referred to in this section shall be from a college recognized by the State Board of Education. The Board shall accept teaching experience from out-of-state school districts that are accredited by the state board of education or appropriate state accrediting agency for the districts. The Board shall accept teaching experience from out-of-country schools that are accredited or otherwise endorsed by the appropriate national or regional accrediting or endorsement authority. Out-of-country certification documentation in a language other than English shall be analyzed by an educational credential evaluation service approved by the National Association of Credential Evaluation Services (NACES). The person seeking to have credit granted for out-of-country teaching experience shall be responsible for all costs of the analysis by a credential evaluation service. The Board shall accept teaching experience from primary and secondary schools that are operated by the United States Department of Defense or are affiliated with the United States Department of State.

Submit all required documents to:

**Mail: Oklahoma State Department of Education
Attn: School Personnel Records
2500 N. Lincoln Blvd., Room 210
Oklahoma City, OK 73105**

Email: Brad Barker – brad.barker@sde.ok.gov



PROOF OF TEACHING EXPERIENCE OUT-OF-STATE OR OKLAHOMA NONPUBLIC SCHOOLS



Professional Standards Section, Room 212
2500 North Lincoln Boulevard
Oklahoma City, OK 73105-4599

(Type or use a ball-point pen and press hard to make a clear copy.)

FOR OFFICIAL USE ONLY

TEACHER NUMBER: _____

CREDENTIALS VERIFIED: _____

Teacher's Name: _____ Social Security Number: _____
Last First Middle Maiden

Oklahoma school where currently employed: _____
(If applicable) County District

This record is for the Oklahoma State Board of Education to evaluate the experience of the person indicated above. In order to evaluate this experience ALL information must be completed. This information will be used for determining salary increments, retirement credit, and/or for teacher certification.

<p>ACCREDITATION STATUS:</p> <p><input type="checkbox"/> Yes, the school was accredited for the years listed below. Name of Accrediting Agency: _____</p> <p><input type="checkbox"/> No, the school was NOT accredited for the years listed below.</p> <p>CERTIFICATION STATUS:</p> <p><input type="checkbox"/> Yes, the teacher held a valid state teaching credential during the years listed below.* State: _____ Validity Dates: _____ through _____ <small>(Two Letter Code)</small> <small>(MM/DD/YY)</small> <small>(MM/DD/YY)</small></p> <p><input type="checkbox"/> No, the teacher did NOT hold a valid teaching credential during the years listed below.</p>	<p style="text-align: center;">NAME AND ADDRESS OF THE OUT-OF-STATE OR NONPUBLIC SCHOOL</p> <hr/> <p>Name of School</p> <hr/> <p>Street Address City State Zip Code</p> <hr/> <p>Print Name and Title of Certifying Official Telephone Number</p>
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USE A SEPARATE LINE FOR EACH SCHOOL YEAR AND COMPLETE ALL COLUMNS

State	County	School District or Institution	Dates of Service		Position/Grade	Full Day or Fraction of Day Employed	Actual Number of Days Employed	Number of Days in Full Year	Signature of Certifying Official SIGN EACH LINE
			From (Mo Day Yr)	To (Mo Day Yr)					

***PLEASE INCLUDE A COPY OF YOUR OUT-OF-STATE TEACHING CERTIFICATE THAT WAS VALID DURING THE ABOVE DATES.**

Per Oklahoma State Statute Title 70 § 18-114.7, teaching credit can be granted only for out-of-state teaching experience obtained in an accredited school system while the teacher was certified to teach or who received special approval to teach by the state's licensing authority. For the purpose of state salary increments and retirement, no teacher shall be granted credit for more than five years of out-of-state teaching experience as a certified teacher.

Instructions for Completion of Oklahoma Proof of Teaching Experience Form

Teacher to complete top portion only:

Teacher's Name

Social Security Number

Oklahoma school where currently employed (if applicable)

Remainder of the form is to be completed by the district/private school/university staff:

Accreditation Status – If school is accredited, please include the name of the Accrediting Agency (ie: State Department of Education, North Central Association of Colleges and Schools, Christian Schools International, etc.).

Certification Status – If teacher was certified during dates of employment, please provide certificate information here. A copy of the certificate is also required for verification.

Name and Address of the Out-of-State or Nonpublic School – Please complete all information including the name/title/contact information for the individual certifying the accuracy of employment data.

Service Records – Use a separate line for each school year reported (all columns must be completed).

State – State where school is located

County – County where school is located

District Name or Institution – Employing District/School/University

Dates of Service – Contract Dates/Start-End Dates by school year

Position/Grade – Grade if applicable

Full Day or Fraction of Day Employed – Can be reported as Full-time, 1.0 or 100%; Other examples would be Half-time, .50, 50% or .25, 25%

Actual Number of Days Employed – Days worked/on contract per school year

Number of Days in Full Year – Days in full contract for position held (example 180 days for teachers/ 200 days for principal)

Certifying Official Signature – Request will not be processed if signature is missing

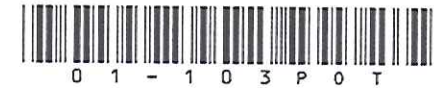
Submit completed form, along with copy of valid certificate for school year(s) being verified, to:

**Mail: Oklahoma State Department of Education
Attn: School Personnel Records
2500 N. Lincoln Blvd., Room 210
Oklahoma City, OK 73105**

Email: Brad Barker – brad.barker@sde.ok.gov



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(Type or use a ball-point pen and press hard to make a clear copy.)

FOR OFFICIAL USE ONLY

TEACHER NUMBER: _____

CREDENTIALS VERIFIED: _____

Teacher's Name: Doe Last Jane First Smith Middle Smith Maiden Social Security Number: 123 45 6789

Oklahoma school where currently employed: Oklahoma County Oklahoma Public Schools District

(If applicable)

This record is for the Oklahoma State Board of Education to evaluate the experience of the person indicated above. In order to evaluate this experience ALL information must be completed. This information will be used for determining salary increments, retirement credit, and/or for teacher certification.

<p>ACCREDITATION STATUS:</p> <p><input checked="" type="checkbox"/> Yes, the school was accredited for the years listed below. Name of Accrediting Agency: <u>Texas Education Agency</u></p> <p><input type="checkbox"/> No, the school was NOT accredited for the years listed below.</p> <p>CERTIFICATION STATUS:</p> <p><input checked="" type="checkbox"/> Yes, the teacher held a valid state teaching credential during the years listed below.* State: <u>TX</u> Validity Dates: <u>07/01/10</u> through <u>06/30/15</u> <small>(Two Letter Code) (MM/DD/YY) (MM/DD/YY)</small></p> <p><input type="checkbox"/> No, the teacher did NOT hold a valid teaching credential during the years listed below.</p>	<p style="text-align: center;">NAME AND ADDRESS OF THE OUT-OF-STATE OR NONPUBLIC SCHOOL</p> <p><u>Texas Public Schools</u> Name of School</p> <p><u>123 Learning Ave</u> Dallas TX <u>12345</u> Street Address City State Zip Code</p> <p><u>John Smith, Director of Human Resources</u> (<u>555</u>) <u>555-5555</u> Print Name and Title of Certifying Official Telephone Number</p>
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USE A SEPARATE LINE FOR EACH SCHOOL YEAR AND COMPLETE ALL COLUMNS

State	County	School District or Institution	Dates of Service		Position/Grade	Full Day or Fraction of Day Employed	Actual Number of Days Employed	Number of Days in Full Year	Signature of Certifying Official SIGN EACH LINE
			From (Mo Day Yr)	To (Mo Day Yr)					
TX	DALLAS	TEXAS PUBLIC	9/15/11	5/24/12	3RD GRADE TEACHER	1.0	165	180	<i>John Smith</i>
TX	DALLAS	TEXAS PUBLIC	8/1/10	5/24/11	2ND GRADE TEACHER	.50	180	180	<i>John Smith</i>

***PLEASE INCLUDE A COPY OF YOUR OUT-OF-STATE TEACHING CERTIFICATE THAT WAS VALID DURING THE ABOVE DATES.**

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