

STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

PROOF OF TEACHING EXPERIENCE





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	First Middle		Maiden		J								
Oklahoma	a school where c (If applicable)	urrently employed:		Cor	unty				District						
						ence of the person indicated ement credit, and/or for teach			uate this ex	xperience AL	L information must be				
Ye		CATUS: s accredited for the yang Agency:				NAME AND ADDRESS OF THE OUT-OF-STATE OR NONPUBLIC SCHOOL									
No No	, the school was	NOT accredited for	the years l	isted below.		Name of School									
CERTIF	FICATION STA	ATUS:													
list	ed below.*	ld a valid state teach	_	_	e years	Street Address	City State Zip Code								
Sta	te: V	Validity Dates: (MM	th	rough	/DD // III				(_)					
No.	(Two Letter Code , the teacher did ed below.	NOT hold a valid to	aching cre	dential durin	/DD/YY) ag the years	Print Name and Title of Certifying Official Telephone Number									
USE A SEPARATE LINE FOR EACH SCHOOL YEAR AND COMPLETE ALL COLUMNS															
				Dates of	f Service		Full Day	Actual Number of	Number of	C:	of Coutifuing Official				
State	County	School District or l	Institution	From (Mo Day Yr)	To (Mo Day Yr)	Position/Grade	of Day Employed	Days	Days in Full Year	_	of Certifying Official N EACH LINE				

*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:

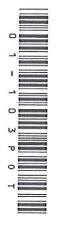
Mail: Oklahoma State Department of Education Attn: Professional Standards 2500 N. Lincoln Blvd., Room 212 Oklahoma City, OK 73105



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



ar copy.) CREDENTIALS VERIFIED:	TEACHER NUMBER:	2 FOR OFFICIA
LS VERIFIED:	UMBER:	FOR OFFICIAL USE ONLY

Per Oklahoma Stat to teach or who re- five years of out-o			TX DALLAS	TX DALLAS	State County			No, the teach listed below.	State: TX	listed below.	CERTIFICATION STATUS:	No, the school	Name of Accrediting Agency: Texas Education Agency	ACCREDITATION STATUS: Yes, the school was accred	This record is for th completed. This inf	(If applicable)	Oklahoma school w		Teacher's Name: Doe
PLEASE INCLUDE A COPY OF YOUR OPEN Oklahoma State Statute Title 70 § 18-114.7, teaching credit car to teach or who received special approval to teach by the state's lic five years of out-of-state teaching experience as a certified teacher.			\S TEXAS PUBLIC	NS TEXAS PUBLIC	ty School District or Institution		USE A SEP.			Yes, the teacher held a valid state teaching credential during the years listed below. State: TX Validity Dates: 07/01/10 through 06/30/15		No, the school was NOT accredited for the years listed below.		REDITATION STATUS: Yes, the school was accredited for the years listed below.	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.	icable)	Oklahoma school where currently employed: Oklahoma	Last	0e
OF YOUR OUT-OI ng credit can be gra he state's licensing fied teacher.			8/1/10	9/15/11	on (Mo Day Yr)	Dates of Service	ARATE LINE F	credential during	_ through 06/30/15	dential during the		ars listed below.	ion Agency	sted below.	cation to evaluate	County	homa	First	Jane
F-STATE TE anted only for authority. For			5/24/11	5/24/12	To (Mo Day Yr)	Service	OR EACH	during the years	/15	e years					e the experie	inty		Middle	
ACHING CERTIFICATE TH. out-of-state teaching experienc or the purpose of state salary inc			2ND GRADE TEACHER	3RD GRADE TEACHER	Position/Grade		USE A SEPARATE LINE FOR EACH SCHOOL YEAR AND COMPL	Print Name and Title of Certifying Official	John Smith, Director of Human Resources	Street Address	123 Learning Ave	Name of School	Texas Public Schools	NAME AND ADDRI	ence of the person indicated ement credit, and/or for teach		Oklahoma Public Schools	Maiden	Smith
*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.			.50 180	1.0 165	_	Full Day Actual	ETE AI	fying Official	man Resources	City	Dallas			NAME AND ADDRESS OF THE OUT-OF-STATE OR NONPUBLIC SCHOOL	above. In order to evaluate this exercertification.		schools	Social Security Number:	Social Security N
			0 180	5 180	ys Days in Syed Full Year	_			(555		as					District			umber: 123
WE DATES. In while the teacher was certiful be granted credit for more the		C	Swin Smin	John Smith	SIGN EACH LINE			Telephone Number	55 555-5555	State Zip Code	TX 12345			R NONPUBLIC SCHOO	perience ALL information				45 6789
eacher was certified credit for more than			1 Smith	Smith	EACH LINE			one Number	5-5555	Zip Code	12345			3LIC SCHOOL	L information must be				6789