



OKLAHOMA

STATE DEPARTMENT of EDUCATION

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



Teacher Certification
2500 N Lincoln Blvd Ste 212
Oklahoma City OK 73105-4599

FOR OFFICIAL USE ONLY
TEACHER NUMBER: _____
CREDENTIALS VERIFIED: _____

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

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: <input type="checkbox"/> Yes, the school was accredited for the years listed below. Name of Accrediting Agency: _____ <input type="checkbox"/> No, the school was NOT accredited for the years listed below.</p> <p>CERTIFICATION STATUS: <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) (MM/DD/YY) (MM/DD/YY)</small> <input type="checkbox"/> No, the teacher did NOT hold a valid teaching credential during the years listed below.</p>	<p align="center">NAME AND ADDRESS OF THE OUT-OF-STATE OR NONPUBLIC SCHOOL</p> <hr/> Name of School <hr/> Street Address City State Zip Code <hr/> Print Name and Title of Certifying Official Telephone Number
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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 § 18-114.14, 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: Ashlee Parker – Ashlee.Parker@sde.ok.gov



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TEACHER NUMBER: _____
CREDENTIALS VERIFIED: _____

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

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

Oklahoma school where currently employed: Oklahoma Oklahoma Public Schools
(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 teaching certification.

<p>ACCREDITATION STATUS: <input checked="" type="checkbox"/> Yes, the school was accredited for the years listed below. Name of Accrediting Agency: <u>Texas Education Agency</u> <input type="checkbox"/> No, the school was NOT accredited for the years listed below.</p> <p>CERTIFICATION STATUS: <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> <input type="checkbox"/> No, the teacher did NOT hold a valid teaching credential during the years listed below.</p>	<p>NAME AND ADDRESS OF THE OUT-OF-STATE OR NONPUBLIC SCHOOL <u>Texas Public Schools</u> Name of School _____ <u>123 Learning Ave.</u> Dallas TX 12345 Street Address City State Zip Code <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	KG TEACHER	.50	180	180	<i>John Smith</i>

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Send one copy to School Personnel Records and one copy to Teacher Certification.