

**PLEASE RETURN FORM TO: Robertson County Schools,
Attn: Sheila Clinard, 2121 Woodland Street, Springfield, TN 37172**

**TENNESSEE DEPARTMENT OF EDUCATION – OFFICE OF TEACHER LICENSING
EXPERIENCE VERIFICATION FORM**

The information listed below is to be completed by the current or previous employer (Superintendent, Headmaster, Agency Director, or Designated Personnel Officer). Please note that if verifying college experience, only experience as a full-time voting member of the faculty is accepted. Use one line for each change in status. Do not include leave of absence periods.

NAME OF EDUCATOR _____ **SOCIAL SECURITY NUMBER** _____

IMPORTANT: It is the educator’s responsibility to obtain this information from their previous employer(s). Teaching experience may not be granted until it is recognized by the State Department of Education. Please keep a copy of this form for your records.

Information below to be completed ONLY by the SCHOOL SYSTEM OR COLLEGE where teaching was performed.

EXPERIENCE RECORD (Please list experience yearly, each year on a separate line, beginning July 1 and ending June 30.)

Name of School	School System	Position and Grade Level	State	Total Time Served – July - June				% Time, 100 or % Less	Length of School Yr
				Beginning Date Month/Day/Year	Ending Date Month/Day/Year	Months	Days		

THE ABOVE SCHOOL, SCHOOL SYSTEM OR COLLEGE OR UNIVERSITY WAS FULLY APPROVED OR ACCREDITED BY THE _____ AT THE TIME SERVICE WAS PERFORMED.

(State Department of Education or Association of Colleges & Schools)

Check one of the following:

- Public School PK-12
 Private School PK-12
 U.S. Government Service Teaching Program
 Paid, Full-time Voting Member of College or University Faculty

I HEREBY CERTIFY THAT THE ABOVE LISTED EXPERIENCE IS A TRUE AND CORRECT COPY OF THE RECORDS ON FILE FOR THE EDUCATOR NAMED ABOVE.

(This form must be signed by an authorized official from agency/institution as stated above.)

Director of Schools Signature _____ **Telephone Number** _____

Address _____

Street/P.O. Box
City
State
Zip Code

Email Address _____ **Date** _____