

# Georgia PSC Experience Verification Form – Revised July 2025

**DO NOT MAIL!**

**Educator:** Upload via MyPSC **(Previous) Employer:** Email as attachment to [mail@gapsc.com](mailto:mail@gapsc.com)

## 1. Applicant Information:

Please use dark ink.

Title	Last Name
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
First Name	Middle Name
GaPSC Certification ID Number	Date of Birth (MM/DD/YY)

The Experience Verification Form is used to verify educational work experience. Please do not use this form to verify occupational work experience for Career & Technical Specializations or Healthcare Science. This form may be used to verify:

- Out-of-state educator experience:
  - If applying for initial Georgia certification, any out-of-state experience earned should be verified.
  - If applying for renewal, one year of out-of-state experience earned within the last five years should be verified.
- Educator experience earned in a Georgia private school that does not have access to the [www.gapsc.org](http://www.gapsc.org) system. This experience may be required when applying for conversion.

**\*\*Please visit [www.gapsc.com](http://www.gapsc.com) for more information about experience you may need to verify for certification purposes.\*\***

## 2. Employer Section:

The information listed below is to be completed by the applicant's current or previous employer. For public school systems, it should be completed by the system **Superintendent** or **Designated Personnel/Human Resources Officer**. Forms signed by public school principals will **not** be accepted by the GaPSC unless accompanied by a letter from the school system confirming authorization to verify employment information. For independent charter schools, private schools, or agencies, the information may be completed by a **Headmaster, Director**, or other **Designated Personnel/Human Resources Officer**.

Please use separate lines for each school year (July 1 – June 30), or to document changes in employment status or teaching duties. Please verify only **full-time** employment as an educator.

School District Or Institution	Accrediting Agency	Dates of Service		# of Days Worked Per Year	Annual Performance Rating	Grade(s) Taught*	Subject(s) Taught*	Certificate Required for Position? (Y/N)
		From mm/dd/yy	To mm/dd/yy					
					Satisfactory			
					Unsatisfactory			
					Satisfactory			
					Unsatisfactory			
					Satisfactory			
					Unsatisfactory			
					Satisfactory			
					Unsatisfactory			
					Satisfactory			
					Unsatisfactory			

\* If the applicant was employed in multiple fields, please indicate the grade(s)/subject(s) taught for the largest portion of the work day. If Special Education was taught, please identify the disability served (e.g. adapted/general curriculum/cross-categorical, etc.) If Middle Grades or Special Education was taught, please identify the specific academic subject area(s).

Name of Authorized Official (print/type)	Signature	Date
Title	Name of School System / Institution	
Phone Number	Mailing Address	
Email Address	City, State, Zip	