

Georgia PSC Experience Verification Form – Revised June 2021

DO NOT MAIL!

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

1. Applicant Information:

Please use dark ink.

Title Mr. Ms. Dr.

Last Name: [Grid of 20 boxes]

First Name: [Grid of 12 boxes]

Middle Name: [Grid of 12 boxes]

GaPSC Certification ID Number: [Grid of 15 boxes]

Date of Birth (MM/DD/YY): [Grid of 3 boxes] / [Grid of 3 boxes] / [Grid of 3 boxes]

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 system. This experience may be required when applying for conversion.

***Please visit 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	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			

* 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 (eSignature not accepted) _____ Date _____

Title _____ Name of School System / Institution _____

Phone Number _____ Mailing Address _____

Email Address _____ City, State, Zip _____