Georgia PSC Experience Verification Form – Revised March 2012
200 Piedmont Avenue, Suite 1702, Atlanta, GA 30334-9032

Please Use Black Ink or Type

Please use ALL CAPS and print your name as you wish it to appear on your certificate

Title ☐ Mr ☐ Ms ☐ Dr **Last name**

First name **Middle or Maiden Name**

Social Security Number ___ - ___ - ____ **Date of Birth (MM/DD/YY)** __ / __ / __

The Experience Verification Form is used to verify educational work experience. You must submit this form if:

(a) you are requesting certification for Teacher Support Specialist;
(b) you have taught full time in a PSC-accepted accredited college during the last five years;
(c) you are using out of state school experience (3 satisfactory years within the last 5 years) in lieu of a GACE Content Assessment and/or other special Georgia requirements;
(d) you have a minimum of one year in the past five of full-time certified school experience out-of state to meet recency.

Employer Section:

The information listed below is to be completed by the current or previous employer (**Superintendent, Headmaster, Agency Director, or Designated Personnel Officer**). Principals are not authorized to sign this form unless they are the designated personnel officer. Please note that if verifying college experience, only full-time college experience can be accepted. (One year of full-time teaching experience at a college or university is defined as teaching 9 semester hours each semester for two consecutive semesters.) Use one line for each change in status. Do not include leave of absence periods. Please verify only **full-time or consecutive years of half-time** educational employment experience.

School District Or Institution	State	Regional Or State Accreditation? (Specify Agency)	Dates of Service		Ratings on Performance Reviews	Grades & Subjects Taught Major Portion of School Day*	Certificate Held? Yes/No
			From mm/dd/yy	To mm/dd/yy			
					○ Satisfactory ○ Unsatisfactory		
					○ Satisfactory ○ Unsatisfactory		
					○ Satisfactory ○ Unsatisfactory		
					○ Satisfactory ○ Unsatisfactory		
					○ Satisfactory ○ Unsatisfactory		

- **If Special Education was taught, please identify the disability served (e.g. BD, LD, MR, cross-categorical, etc.)**
- **If Middle Grades or Special Education was taught, please identify the specific academic subject area(s)**

Name of Authorized Official (Please print or type) **Signature of Authorized Official** **Date**

Title **School System, Agency, Private Institution**

Phone number **Email address** **City, State, Zip**