***Virginia Department of Education***

*Revised September 2023*

Department of Teacher Education and Licensure

***PO Box 2120***

***Richmond, VA 23218-2120***

# REPORT ON EXPERIENCE

**DIRECTIONS:** A report verifying experience must be completed by the appropriate public school division or accredited nonpublic school official if the applicant has full-time, contractual teaching experience or held other professional positions in a public school or accredited nonpublic school. Only full-time, contractual teaching experience in a public school division or accredited nonpublic school should be reported. Experience as a substitute teacher or aide should not be listed.

The completed form must be submitted to this office by the applicant along with all other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

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| --- | --- | --- | --- |
| Last Name | First Name | Middle Name | Suffix (Jr., Sr., III) |
| Social Security Number    -  -    ­­­­ or Virginia License #      - | | | |
| Address of Applicant (Street or P. O. Address) | | | |
| City, State, Zip Code | | | |

| **NAME OF PUBLIC SCHOOL OR ACCREDITED NONPUBLIC SCHOOL** | POSITION HELD (Experience as a substitute or aide should not be listed.) | **GRADE LEVEL AND**  **SPECIFIC SUBJECT TAUGHT**  (For special education assignments, please specify population served.) | **LENGTH OF SERVICE**  (MONTH/YEAR  TO  MONTH/YEAR) |
| --- | --- | --- | --- |
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Total number of years of full-time teaching experience:

Total number of years of full-time experience in administration and/or supervision:

Total number of years of full-time experience in a pupil personnel services area

(school counselor, psychologist, social worker, vocational evaluator):

**By my signature, I verify that the above-named person was successfully employed full-time, under contract**

| **SIGNATURE**: | **DATE (Month/Day/Year):** |
| --- | --- |
| **NAME:** | **PHONE NUMBER:**        - |
| **TITLE:** | **DIVISION/ACCREDITED NONPUBLIC SCHOOL:** |
| **ADDRESS (STREET, CITY, STATE, ZIP):** | |
| **EMAIL ADDRESS:** | |

**in the public schools or accredited nonpublic school(s) and for the period(s) listed above.**