



Out of State/Private School Experience Verification Form

Name of Previous School District _____

Person or Department to Contact _____

Street _____

City _____ State _____ Zip _____

Email: _____

Phone number: _____

Please upload the completed form to your application for certification or renewal.

The form can also be returned by mail to:

KDE - Office of Educator Licensure and Effectiveness
300 Sower Blvd. 5th Floor
Frankfort, KY 40604

Employee Name: _____ SS#: XXX-XX-_____

EPSB ID number (if known): _____

Employee signature authorizes release of this information: _____

Employee Signature

Date

It is necessary to verify the professional experience of the person above for the purpose of establishing or renewing Kentucky certification. Please provide the requested information below and return this form. You may make copies of this form if more space is needed.

Dates of Employment (MM/YY to MM/YY)	Actual Number of Days Paid per Year	Number of Days in School/Work Year	FT/PT (list FTE or hours per week if Part Time)	Job Title
to				
to				
to				
to				
to				
to				

General job duties performed _____

I certify that the above information is correct.

Name and Title of Person Completing Form: _____

Email Address: _____ Telephone: (____) _____

Signature: _____ Date: _____