



State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
 Shepard Building
 255 Westminster Street
 Providence, Rhode Island 02903-3400

Work Experience Verification Form

This form should be submitted by applicants who require PK-12 work experience verification when applying for RI certification. Please use a separate form for each employer verifying work experience.

PART A: To Be Completed by the Educator (Please PRINT or TYPE)

Last Name	First Name	Middle Initial	Cert Id Number (or SSN)	Certificate Areas and Code <i>(Listed on page 3 of General Application)</i>

PART B: To be completed and signed by the District Superintendent. (Please PRINT or TYPE) (If an educator's work experience was in a charter or private school, the appropriate Head of School or Director should complete and sign)

District/Institution Information:

Name of School/District: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Position: _____
 Phone: (_____) _____ - _____ Ext: _____ Email: _____

PK-12 Work Experience: In the chart below complete PK-12 work experience for the educator, starting with the most current experience. All sections must be completed for the application to be processed.

Dates of Service		# of Days in Service if Substitute	Grade Level(s)	Subject Area(s)	Title / Position Held/ Description of Role
From: (MM/DD/YY)	To: (MM/DD/YY)				

I verify that the above listed information omits leave of absence periods and that all information is complete and accurate according to the official records of the school district or institution.

_____/_____/_____
 (Signature of Superintendent/Head of School/Director) (Date) (Printed Name of Superintendent/Head of School/Director)