

Out-of-State Work Experience Verification (PreK-12)

This form is for verification of work experience outside of Ohio only. School district superintendent, human resources director or charter or private school administrator of the out-of-state school or district must complete this form. Third party verification is not accepted. Forms completed or altered by the applicant will not be accepted by the Ohio Dept. of Education. Please submit directly to the Ohio Dept. of Education.

APPLICANT INFORMATION

First Name	Last Name	Last 4 Digits of SSN	Date of Birth
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ASSIGNMENTS - Indicate position held (e.g., principal, school counselor, teacher, etc.) each school year. If position held was special education teacher, indicate special population served (e.g., gifted, hearing impaired, mild/moderate, etc.) Do NOT include substitute teaching or paraprofessional/educational aide assignments.

School Year	Start to End Dates	Subject(s)	Grade Level(s)	Position Title

EMPLOYING SCHOOL/DISTRICT INFORMATION

Name of School or District	Phone Number
Street Address	City, State, Zip Code
HR Director or Superintendent Printed Name	HR Director or Superintendent Signature and Date
Title	Email Address