



PROOF OF TEACHING EXPERIENCE

NOTE: This form should be used to verify experience outside an Oklahoma K-12 public school setting only.

Teacher's Name: _____ Social Security Number: _____

This record is for the Oklahoma State Board of Education to evaluate the experience of the person indicated above. **In order to evaluate this experience, ALL information must be completed.** This form will be used for determining salary increments, retirement credit, and/or for teacher certification.

USE A SEPARATE LINE FOR EACH SCHOOL YEAR AND COMPLETE ALL COLUMNS

State	County	School District or Institution	Dates of Service		Position Held	Full/Part Time (% of day)	Days Worked
			From	Through			

COPY OF OUT-OF-STATE TEACHING CERTIFICATE(S), VALID DURING THE ABOVE DATES, MUST ACCOMPANY THIS FORM.

Per Oklahoma Title 70 O.S. § 18-114.14, teaching credit can be granted only for out-of-state/country teaching experience obtained in an accredited school system while holding valid certification or its equivalent. For the purpose of state salary increments and retirement, no teacher shall be granted credit for more than five (5) years of out-of-state/country teaching experience. Nothing in this section shall prohibit boards of education from crediting more years of experience on district salary schedules than those allowed for state purposes.

VERIFYING EMPLOYER

Name of Educational Institution

Telephone Number

Street Address

City

State

Zip

ACCREDITATION STATUS

Yes, the school was accredited for the years listed above.
Name of Accrediting Agency: _____

No, the school was **NOT** accredited for the years listed above.

CERTIFYING OFFICIAL

Print Name and Title of Certifying Official

Certifying Official Email Address

Signature

Date

Instructions for Completion of Oklahoma Proof of Teaching Experience Form

Teacher to complete top portion only:

Teacher's Name

Social Security Number

Remainder of the form is to be completed by the employer's certifying official:

Service Record | Use a separate line for each school year reported (all columns must be completed).

State | State where school is located

County | County where school is located

School District or Institution | Employing District/School/University

Dates of Service | Contract Dates/Start-End Dates by school year

Position Held | Include grade, if applicable

Full/Part Time | Report full-time as 1.0 or 100%; Part-time examples would be .50, 50% or .25, 25%

Days Worked | Actual number of days worked/on contract per school year

Verifying Employer | Please provide employer name, phone, and physical address.

Accreditation Status | If school is accredited, please include the name of the Accrediting Agency (ie: State Department of Education, North Central Association of Colleges and Schools, Christian Schools International, etc.).

Certifying Official | Please provide name, title, and email address of certifying official, along with signature and date of verification completion. Request will not be processed if signature is missing.

Submit completed form, along with copy of valid certificate for school year(s) being verified, to:

If applying for Oklahoma certification, mail documents to:

Oklahoma State Department of Education
Attn: Teacher Certification
2500 N Lincoln Blvd, Suite 212
Oklahoma City, OK 73105

If Oklahoma certification is currently held, mail documents to:

Oklahoma State Department of Education
Attn: School Personnel Records
2500 N Lincoln Blvd, Suite B10
Oklahoma City, OK 73105