

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
 Office of Teaching Initiatives  
 89 Washington Avenue  
 Albany, New York 12234  
[www.highered.nysed.gov/tcert](http://www.highered.nysed.gov/tcert)

**Verification of Paid Experience for Permanent Pupil Personnel Service (PPS) and Professional Classroom Teaching Certificates**

All paid experience for Permanent Pupil Personnel Service certificates and Professional Classroom Teaching certificates must be verified by the Public School Superintendent, Chief School Officer of the Non-Public school or the Authorized Official of a Speech and Language Disabilities provider.

**Instructions for Certificate Holder:**

Please complete Section I and submit the form to your employer(s) for completion of Section II. A separate form must be completed by each employer.

**Instructions for the Employer:**

Please complete Section II and III. This form must be completed by the Superintendent of the school district or an authorized individual, verifying that the certificate holder completed experience within the title of the certificate(s) held. If the experience was part time, please indicate whether a, b, or c. was met and provide the number of full-time equivalent days.

The form must be submitted to the Office of Teaching Initiatives by the employer via email to: [otiaadmin@nysed.gov](mailto:otiaadmin@nysed.gov); or by mail to the address listed above:

|  |   |                      |                 |
|--|---|----------------------|-----------------|
| <b>Section I:</b>  |   |                      |                 |
| First Name:  | Last Name:  | Middle Initial:      |                 |
| Date of Birth: _____ / _____ / _____   | Last 4 Digits of the Social Security Number: _____  |                      |                 |
| Certificate title(s) you are requesting this form be completed for: _____  |   |                      |                 |
| <b>Section II</b>  |   |                      |                 |
| For Permanent PPS certification, Commissioner's Regulations require two years of valid, paid, PPS work experience in a public or approved non-public/independent school in the area of the title of the PPS certificate ( e.g. - School Counselor, School Psychologist, School Social Worker, School Attendance Teacher, School Nurse Teacher, and School Dental Hygienist Teacher). |   |                      |                 |
| For Professional teaching certification, Commissioner's Regulations require three years of acceptable paid teaching experience in the certificate title (per 80-1) in a public or approved non-public/independent school. Experience as a teaching assistant, aide, or paraprofessional is not applicable.   |   |                      |                 |
| Name of school or employer: _____  |   |                      |                 |
| Street Address: _____  | City: _____   | State: _____         | Zip Code: _____ |
| <b>Employment 1</b>  |   |                      |                 |
| Position: _____<br><small>(Indicate title/subject and grade level)</small>   |   |                      |                 |
| <input type="checkbox"/>   | Full-time: from: _____ / _____ / _____ to _____ / _____ / _____   | Number of days _____ |                 |
|  | <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>  |                      |                 |
| <input type="checkbox"/>   | Part-time: full-time equivalent days: _____ from: _____ / _____ / _____ to _____ / _____ / _____  |                      |                 |
|  | <small>(mm) (dd) (yyyy) (mm) (dd) (yyyy)</small>  |                      |                 |
| <input type="checkbox"/>   | a. For each school year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days.  |                      |                 |
| <input type="checkbox"/>   | b. For each school year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period. |                      |                 |

c. N/A

**Employment 2**

Position: \_\_\_\_\_  
(Indicate title/subject and grade level)

Full-time: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of days \_\_\_\_\_  
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Part-time: full-time equivalent days: \_\_\_\_\_ from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

- a. For each school year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days.
- b. For each school year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period.
- c. N/A

**Employment 3**

Position: \_\_\_\_\_  
(Indicate title/subject and grade level)

Full time: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of days \_\_\_\_\_  
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Part time: full-time equivalent days: \_\_\_\_\_ from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

- a. For each school year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days.
- b. For each school year, the experience included at least 45 days of part-time continuous, school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period.
- c. N/A

**Section III**

I verify that the individual listed above gained the paid experience listed above at the public/private school of which I am the superintendent; or, the approved non-public/independent school of which I am the chief school officer; or with regard to Speech and Language Disabilities or Students with Disabilities experience only, the Authorized official listed for the public/private school with which my agency contracts.

Name of school or employer: \_\_\_\_\_

Address of school or employer: \_\_\_\_\_

Print name of administrator: \_\_\_\_\_

Signature of administrator: \* \_\_\_\_\_ Date: \_\_\_\_\_

Administrative title: \* \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

\* Signature of the superintendent of schools, community superintendent or borough high school superintendent is required. If the experience was earned while employed by a private entity for Speech and Language Disabilities or Students with Disabilities experience, the private entity must submit a copy of the contract with the public school district.