



Florida Department of Education
 Bureau of Educator Certification
 Suite 201, Turlington Building
 325 West Gaines Street
 Tallahassee, FL 32399-0400



District Number

Communication Number

CT 1 1 3

Applicant's Personal Information

Social Security Number

- -

First Name

Middle Name

Last Name

TEACHING EXPERIENCE VERIFICATION

(To be completed by school or district where experience was gained)

List experience gained in public/nonpublic elementary or secondary schools including administrative and supervisory service. List each year separately. When indicating part-time experience, please list the number of hours taught per day.

Do *NOT* list substitute teaching experience.

Name of School: _____ County/City: _____ State: _____

Beginning Date M/D/YY	Ending Date M/D/YY	Hours per Day if Part-time	Number of Days Served	Public School	Private School	State Certificate Held	Subject(s) Taught	Grade Level of Subject(s) Taught

I certify that the experience shown above was successful experience. _____

Signature of Organization Administrator

Please return to:

The Bureau of Educator Certification
 Florida Department of Education
 Room 201 Turlington Building
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