



## Verification of Employment

Verification of satisfactory educational experience is required for applicants with one or more years of full-time teaching or other professional experience in a public or an accredited nonpublic school.

**Applicant:** Complete this section only and then forward for verification. Please print or type this information.

First Name	Middle Name	Last Name	Maiden Name
Address		City, State, Zip	E-Mail
Last 4 Digits of Social Security Number		Home Phone	Mobile Phone
Applicant Signature			Date

**Employer:** The above-named person was employed in your district or school(s). Please complete each section below to indicate the dates of service and performance rating for each specific assignment. Performance ratings will be confidential and used only for determining eligibility for certification. **Please send the completed form to the Maryland State Department of Education at the above address or fax to 410-333-8963 or email to [certdocuments.msde@maryland.gov](mailto:certdocuments.msde@maryland.gov).**

School/School District	State	Dates of Service From - To	FT/PT (if PT, % of time)	Performance Rating	Subject Taught (50% or more; one subject per box)	Grade(s) Taught
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		

If the school listed above is a nonpublic/private school, list the approving or accrediting agency:

Printed Name of Authorized Official	Signature of Authorized Official	Date
Title	Phone	E-Mail