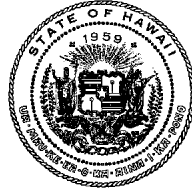


**Hawai'i Teacher Standards Board**  
 650 Iwilei Road, Suite 201  
 Honolulu, HI 96817



**Contact:** www.htsb.org  
 Phone: (808) 586-2603  
 Email: licensingsection@htsb.org  
 Fax: (808) 586-2606

**VERIFICATION OF QUALIFYING EXPERIENCE FOR ADVANCED LICENSE**

Qualifying professional teaching experience for the Advanced Hawaii License is defined as full-time satisfactory contracted P-12 teaching experience under a Hawaii Standard license or its equivalent in other states for at least five years in the field(s) for which you are seeking the Hawai'i license. To qualify, the experience must have been completed during the eight years immediately preceding the date of your application for the Hawai'i Advanced License.

**Directions:** 1) Send this verification form to an **authorized official** of each school or school district where you completed your qualifying satisfactory professional teaching experience. 2) You must sign Section 1, which includes the Disclaimer, before sending to the authorized official. 3) This form should be returned to HTSB.

**1. PERSONAL INFORMATION. Print or type in blue ink.**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 (Last name) (First name) (Middle Name)

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

*DISCLAIMER: I hereby authorize the release of the information regarding my qualifying teaching experience at the school/school district from which I am making this request.*

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

**To Authorized Official:** This individual has applied for the advanced Hawai'i teaching license. Please check or complete the appropriate area(s) to verify the satisfactory contracted P-12 professional teaching experience(s) in your school/school district. Please use a separate line for each year of service and type or print requested information. Send this form to HTSB at the address above.

- This applicant served successfully in the following contracted P-12 position(s) in public or approved nonpublic schools in the last eight years of the applicant's date on this verification form.
- This applicant has **not** served successfully in the following contracted P-12 position(s) in public or approved nonpublic schools in the last eight years of the applicant's date on this verification form.

From (mo/yr)	To (mo/yr)	Subject Taught	Grade level	Less than 50%	50% or More

Signature of Authorized School Official \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

District/School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please indicate: \_\_\_\_\_ Public School \_\_\_\_\_ Non Public School \_\_\_\_\_ If Non Public School, List Accreditation