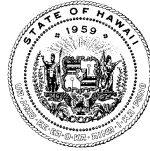


Hawai'i Teacher Standards Board
 650 Iwilei Road, Suite 201
 Honolulu, HI 96817
 Attention: Licensing Section



www.htsb.org
 licensingsection@htsb.org
 phone: (808) 586-2603
 fax: (808) 586-2606

**ADDING A FIELD THROUGH OPTIONS B OR C
 VERIFICATION OF SATISFACTORY EXPERIENCE**

SECTION 1: PERSONAL INFORMATION All fields must be answered.

SECTION 1: All questions must be answered. You must print, sign and date this form, then ask an authorized school/district official to complete Section 2 below.

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
 MM DD YYYY

Print name in CAPITAL LETTERS:

 (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Former/Maiden Name(s), if applicable:

 (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone _____ OR cell phone _____

Non-Lotus Notes E-mail Address _____

Applicant signature _____ Date _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

SECTION 2: TO BE COMPLETED BY AUTHORIZED SCHOOL OFFICIAL.

SECTION 2: To Authorized School/ District Official: This individual has applied to “add a field” to his/her Hawai'i teaching license. Please complete Section 2 to verify the applicant's satisfactory contracted P-12 professional teaching experience(s) in your school/district. Please use a separate line for each year of service. TYPE or PRINT requested information. Return this form to HTSB at the address above. **Qualifying professional teaching experience** is defined as one year of at least half-time **satisfactory contracted** P-12 teaching experience in the new field and level.

This applicant served successfully in the following contracted P-12 position(s) in public or approved non-public schools within the last five 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 within the last five years of the application 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/District Official

 Printed Name of Authorized School/District Official

 Date

 District/School

 Address

 E-mail address:

 Telephone:

Check one: ___ Public School ___ Non-Public School If Non-Public School, list accreditation: _____