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 K-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 K-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 K-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 K-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	Full Time	NOT Full Time	License Field Required for this Position (Ex. Math 7-12)

_____ _____
Signature of Superintendent, Principal, Headmaster Print Name and Title

_____ _____ _____ (____)_____
District/School City State Telephone

_____
E-Mail Address

Please indicate: _____Public School _____ Non Public School _____ If Non Public School, List Accreditation