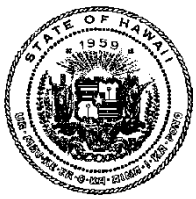
HTSB FORM RA 4010 - Verification of Experience for Renewal **12/2011**

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 EXPERIENCE FOR RENEWAL

Directions: (1) Send this verification form to your supervisor in the school or school district where you completed your professional teaching experience within the past five years. 2) You must sign Section 1, which includes the Disclaimer, before sending to the authorized official.
3) Retain this form for your records.

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 _____

Home Phone (___) _____ OR Cell (___) _____ Non-Lotus Notes E-mail_____

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 School or District Official: This individual has applied to renew his/her Hawai`i teaching license (includes school counselors and school librarians) and must demonstrate he/she successfully taught in the last five years**. "Successfully taught" is defined below.**

I attest that this applicant "successfully taught" using the method checked below in a P-12 setting within the last five years of the applicant's date on this verification form.

☐***1.*** Verified administrative, supervisory and/or teaching experience in a public school operated by a local education agency in the United States and its possessions; or

☐***2.*** Verified administrative, supervisory and/or teaching experience in public schools or non-public schools approved by recognized accrediting agencies. (Accrediting or approval agencies are the State Departments of Education and/or Southern, Middle States, North Central, New English, Northwest and Western Associations of Schools and Colleges); or

☐***3.*** Employees of the Hawaii Department of Education who held a valid Hawaii teaching license during the five year period of employment for which experience is requested.

Note: *Numbers 1 and 3 include Hawaii DOE administrators, supervisors, teachers, school librarians and school counselors.*

_____ _____ _____
Signature of Supervisor Print Name Date

_____ _____
Title School and District

_____ _____ _____
City, State Telephone Email