

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 and ask an authorized school/district official to complete Section 2.

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.

- 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	Number of Hours/Periods Per School Day	Number of Hours/Periods Per Day Teacher Taught Subject

\_\_\_\_\_  
 Signature of Superintendent, Principal, or Headmaster Printed Name of Superintendent, Principal, or Headmaster

\_\_\_\_\_  
 District/School Address

E-mail address \_\_\_\_\_ Telephone \_\_\_\_\_

Check one: \_\_\_Public School \_\_\_Non-Public School If Non-Public School, list Accreditation \_\_\_\_\_