VERIFICATION OF ACCREDITED EXPERIENCE FOR KANSAS LICENSURE

SECTION A – TO BE COMPLETED BY APPLICANT

Social Security Number ____ ____ ____ - ____ ____ - ____ ____ ____ ____

Legal Name **(First)** **(Middle)** **(Last)**

Mailing Address	**City**	**State**	**Zip Code**

Birthdate (MM/DD/YYYY)	**Gender** ☐ Male ☐ Female	**Phone:** __ __ __ - __ __ __ - __ __ __ __ **Alternate Phone:** __ __ __ - __ __ __ - __ __ __ __

Former Name(s)

☐ **I have no accredited experience in the most recent six (6) year period.**

☐ **I hereby give my former and/or current employer permission to release any and all information required in Section B.**

Signature of Applicant **Date**

SECTION B – TO BE COMPLETED BY EMPLOYING SYSTEM

The above named individual was employed in our school system as verified below.

Name of School System	**Accreditation Information** State Accredited School? ☐ NO ☐ YES **If not state accredited, attach verification of accreditation status.**

School Street Address	**City**	**State**	**Zip Code**

Beginning Date of Employment (MM/DD/YYYY)	**Ending Date of Employment (MM/DD/YYYY)**	**Assignment** Include teaching, administrative, school specialist assignments	**Grade level**

☐ **Experience was full-time under contract**

OR

☐ **Experience was at least half-time (.5 FTE) but less than full-time**

OR

☐ **Experience was less than half-time under contract**

Total number of years employed in the district

Administrator's Name (Please Print or Type)	**Administrator's Position**	**School Phone Number**

Administrator's Signature **Date**

PLEASE RETURN TO APPLICANT
IN A SEALED OFFICIAL SCHOOL ENVELOPE

THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS