



Licensure/Certification
 35 Commerce Way, Suite #1
 Dover, DE 19904
 Phone: (302) 857-3388

Form E: VERIFICATION OF TEACHING EXPERIENCE

Applicant: Complete **TOP** section **ONLY**, then forward this form to your previous school employer.

This form *must* be mailed by US Mail or emailed *by* your former employing school district to: deeds@doe.k12.de.us.

****Forms submitted directly by the applicant will not be accepted.****

Print NAME: (Last, First, Middle, Maiden)		SOCIAL SECURITY #
ADDRESS:	CITY:	STATE/ZIP:
SCHOOL(S) IN WHICH I TAUGHT:		
<u>APPLICANT SIGNATURE:</u>		<u>DATE:</u>

Superintendent or Personnel Officer: *Please verify employment and performance for the applicant*

APPLICANT HAS RECEIVED Two Or More SATISFACTORY SUMMATIVE EVALUATIONS: YES: ___ NO: ___							
According to Regulation 1511 Issuance and Renewal of Continuing License: The educator may demonstrate three (3) years of successful teaching experience by submitting documentation to the Department of a minimum of three (3) years of teaching experience and by having received at least two (2) satisfactory evaluations from the other jurisdiction that the Department finds are the equivalent of the two (2) satisfactory summative evaluations required by Delaware Educators.							
Print NAME of Superintendent or Personnel Officer and Title:				<u>OFFICER SIGNATURE:</u>		<u>DATE:</u>	
DISTRICT NAME and ADDRESS:						PHONE#:	
EMPLOYED: FROM M/D/Y	TO M/D/Y	# OF DAYS TAUGHT	# OF DAYS IN SCH YR.	FULL TIME ?	PART TIME ?	GRADE LEVEL(S)	SUBJECT(S)

EMPLOYER: Please email to deeds@doe.k12.de.us -or- send by mail to the above listed address.

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