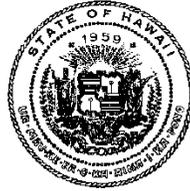


Hawai'i Teacher Standards Board  
650 Iwilei Road, Suite 201  
Honolulu, HI 96817



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. 2) You must sign Section 1, which includes the Disclaimer, before sending to the authorized official. 3) **Retain this form for your records.**

**1. PERSONAL INFORMATION. Print or type in BLUE ink.**

Social Security Number XXX-XX - \_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Last name) (First name) (Middle Name)  
Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ OR Cell Phone (\_\_\_\_) \_\_\_\_\_ Non Lotus Notes 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 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 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. Public school employees who held a valid Hawai'i teaching license during the 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 Address \_\_\_\_\_