

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



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 htsb@hawaii.gov
 Phone: 808-586-2600

VERIFICATION OF QUALIFYING EXPERIENCE FOR ADVANCED LICENSE

Qualifying professional teaching experience for the Advanced Hawaii License is defined as full-time satisfactory contracted P-12 teaching experience under a Hawaii Standard license or its equivalent in other states for at least five years in the field(s) for which you are seeking the Hawai'i license. To qualify, the experience must have been completed during the eight years immediately preceding the date of your application for the Hawai'i Advanced License.

Directions: 1) Send this verification form to an **authorized official** of each school or school district where you completed your qualifying satisfactory professional teaching experience. 2) You must sign Section 1, which includes the Disclaimer, before sending to the authorized official. 3) This form should be returned to HTSB by the school or school district.

SECTION 1. 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 _____

Work Phone () _____ Home Phone () _____ 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 _____

SECTION 2. TO BE COMPLETED BY AUTHORIZED SCHOOL OR DISTRICT OFFICIAL

To Authorized Official: This individual has applied for the advanced Hawai'i teaching license. Please check or complete the appropriate area(s) to verify the satisfactory contracted P-12 professional teaching experience(s) in your school/school district. Please use a separate line for each year of service and type or print requested information. Send this form to HTSB at the address above.

- This applicant **has** served successfully in the following contracted P-12 position(s) in public or approved nonpublic schools in the last eight 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 in the last eight years of the applicant's date on this verification form.

From (mo/yr)	To (mo/yr)	Subject Taught	Grade level	Check Below if Experience was Full Time

Signature of Authorized School Official _____ Print Name and Title _____ Date Signed _____

District/School _____ City _____ State _____ Telephone () _____

E-Mail Address _____

Please indicate: _____ Public School _____ Non Public School _____ If Non Public School, List Accreditation