

Name of Educator _____

Educator Experience Verification

Applicants who are applying for licensure in New Hampshire through Demonstrated Competencies must submit documentation of experience. Experience is gained in public or non-public elementary or secondary schools, including administrative or supervisory service. Do not include substitute teaching. Please list each year of experience separately. Please have your employer(s) completely fill out the information then email this document to credentialing.docs@doe.nh.gov or upload it directly to your myNHDOE EIS documents file.

S/Y Beginning Date Month/Year	S/Y End Date Month/Year	Full or Part Time	Specific Teaching Assignment(s)
8/2018	6/2019	Full	Chemistry Grade 11 (Science Grade 11 is not specific)

The above employee has received satisfactory or above evaluation for the above year(s) of service: Yes No
If no, please indicate which year(s) were not satisfactory _____

Preparing School Information

Name of School

Name of School Official

School Address

Signature of School Official

Contact email and phone number for School Official