Experience Verification Form

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 East 14th St.
Des Moines, IA 50319-0146

Please allow four weeks for processing.

Rev 10/07

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	☐ Male ☐ Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone ( )	Daytime Phone ( )	Email Address	

2. **To be completed by administrator**
I hereby verify that the above-named applicant served successfully as a teacher or administrator in this school district during the dates indicated below, based on a local evaluation process. (If verifying only substitute teaching, please complete lines d, e, f, and g).

a)_____ - dates in district, list beginning and ending month and year dates

b)_____ - specific grade(s) taught or administered

c)_____ - subject area / disability area / or administrative area

d)_____ - school district/ college

e)_____ - city

f)_____ - state, if other than Iowa

g)_____ - days in district, of only substituting

_____ _____
Signature of Administrator Date

_____ Telephone #: _____-_____
Typed Signature of Administrator Area Code

NOTE: Photocopies or copies by fax of any application form or experience verification form will not be accepted. Original signatures are needed.
NOTE TO ADMINISTRATOR: If in your judgment you are convinced that the applicant above should not be given licensure, at least until further investigation is made, do not sign this form and please write a CONFIDENTIAL LETTER to the above address stating your reasons.