

**State of Nevada  
Department of Education  
Office of Teacher Licensing**

Northern Nevada Office  
700 E. Fifth Street, Suite 105  
Carson City, NV 89701-5096  
Phone: (775) 687-9115

Southern Nevada Office  
9890 S Maryland Pkwy, Ste 231  
Las Vegas, NV 89183  
Phone: (702) 486-6458

**Verification of Post-Secondary Teaching Experience**

*License Applicant: Please fill in the personal data in the box below and mail this form to your previous employer. This form must then be submitted with your initial application.*

The teacher applicant listed below is requesting that you provide our office with verification of his/her teaching experience within your school or district.				
Last Name	First Name	MI	Maiden Name	
Address	City	State	Zip Code	
Social Security #	Date of Birth	Contact #		

**For Employer's Use Only:**

The applicant listed above is requesting that you provide our office with verification of his/her teaching experience at your college/university.

1. College / University provides instruction on the \_\_\_\_\_ quarter \_\_\_\_\_ semester system. (Please check one.)
2. Accreditation of college / university \_\_\_\_\_
3. The applicant has taught in the college university as follows:

Course Title / Course Area	Credit Hrs.	Beginning Month/Year	Ending Month/Year	Quarter/ Semester Taught

Name of College / University	Address	City	State
Printed Name	Title	Contact #	
Signature (Please use blue ink.)		Date	