

State of Nevada
Department of Education
Office of Teacher Licensing
Verification of Teaching Experience

Form TL.VExp
 Re v02/08/08

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

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

Applicant Instruction: Do not write in the Employer's Use Only section of this form. Please submit this form to your former employer and ask that person to mail the completed, signed form to the appropriate office listed above. We will not accept faxed copies of this form.

Last Name	First Name	MI	Former Name	
Address		City	State	Zip Code
Social Security #	Date of Birth	Contact #		

Employers Use Only:

The teacher applicant listed above is requesting that you provide our office with verification of his/her teaching experience within your school or district.

Because we can utilize this information for various reasons, we request that the experience be consistent with all the following requirements:

- ✓ The applicant held a bachelor's degree from a regionally accredited college or university during the time the teaching experience occurred; and
- ✓ The applicant's experience was full time (a minimum of 5 class periods per day/180 days per year); and
- ✓ The applicant during his/her tenure in your school district held a valid teaching license and/or certificate; and
- ✓ Teaching experience took place in a school licensed by the state or accredited by a national accrediting association for private schools.
- ✓ Substitute teaching or teacher's aide experience should not be considered when verifying teaching experience.

Subject	Grade Level	Name of School	From (MM/YY)	To (MM/YY)	% of Time FTE

Name of School District or State Approved Private School State	Address	City
---	---------	------

Printed Name	Title	Phone Number
--------------	-------	--------------

Signature (Please use blue ink.)	Date	Total # of Years Experience Verified
----------------------------------	------	--------------------------------------

Please mail this to the appropriate office listed at the top of the form. Thank you for your help.