

First Name

Verification of Employment

Last Name

Division of Educator Certification and Program Approval **Certification Branch** 200 West Baltimore Street Baltimore, MD 21201

Maiden Name

www.mdcert.org

Verification of satisfactory educational experience is required for applicants with one or more years of full-time teaching or other professional experience in a public or an accredited nonpublic school.

Middle Name

Applicant: Complete this section only and then forward for verification. Please print or type this information.

Address		City, State, Zip		E-Mail			
Last 4 Digits of Social Security Number		Home Phone		Mobile Phone			
Applicant Signature				Date			
Employer: The above-named dates of service and performa determining eligibility for cert above address or fax to 410-3	ance rating for dification. <i>Ple</i>	r each specific assignm ase send the complete	ent. Perfo	ormance rating o the Maryland	gs will k I State	oe confidential and use	d only for
School/School District	State	Dates of Service From - To	FT/PT (if PT, % of time)	Performance Rating		Subject Taught (50% or more; one subject per box)	Grade(s) Taught
				Satisfactory Unsatisfactory		, ,	
				Satisfactory Unsatisfacto	ry 🗆		
				Satisfactory Unsatisfacto	ry 🗆		
				Satisfactory Unsatisfacto	ry 🗆		
				Satisfactory Unsatisfacto	ry 🗆		
If the school listed above is a	nonpublic/priv	vate school, list the app	proving or	accrediting ag	gency:		
Printed Name of Authorized Official	Signature of Authorized Official			Date			
Title	Phone			E-Mail			