## *Virginia Department of Education* Department of Teacher Education and Licensure

***PO Box 2120***

***Richmond, VA 23218-2120***

*Revised February 2021*

# REPORT ON EXPERIENCE - DIVISION SUPERINTENDENT LICENSE

**DIRECTIONS:** This form must be completed by the appropriate official(s) at a public school division or accredited nonpublic school **to verify at least five years of full-time experience in a public and/or accredited nonpublic school, two years of which must be teaching experience at the kindergarten through grade 12 level and two years of which must be in administration/supervision**. The completed form must be submitted to this office by the applicant along with all other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

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| --- | --- | --- | --- |
| Last Name | First Name | Middle Name | Suffix (Jr., Sr., III) |
| Social Security Number: - -  | or Virginia License # -  |  |  |
| Address of Applicant (Street or P. O. Address) |
| City, State, Zip Code |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF ACCREDITED SCHOOL(Please report only full-time contractual experience as a teacher, | POSITION HELD | GRADE LEVEL A ND SPECIFIC SUBJECT TAUGHT | LENGTH OF SERVICE (MONTH/YEARTO MONTH/YEAR) |
| assistant principal, principal, or central office instructional |  | (For special education |
| administration/supervision experience. Experience as a |  | assignments, please specify |
| substitute teacher or aide should not be listed.) |  | population served) |
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Total number of years of full-time teaching experience:

Total number of years of full-time experience in administration and/or supervision:

Total number of years of full-time experience in a pupil personnel services area (school counselor, psychologist, social worker, vocational evaluator):

# By my signature, I verify that the above-named person was successfully employed full-time, under contract in the public schools or a ccredited nonpublic school(s) and for the period(s) listed above.

|  |  |
| --- | --- |
| **SIGNATURE**: | **DATE (Month/Day/Year):** |
| **NAME:** | **PHONE NUMBER:** ( ) - |
| **TITLE:** | **PUBLIC OR ACCREDITED NONPUBLIC SCHOOL:** |
| **STREET ADDRESS:** | **CITY, STATE, ZIP:** |
| **EMAIL ADDRESS:** |