Verification of Teaching or Administrative Experience

Denise Juneau, Superintendent **Montana Office of Public Instruction**	**Montana Office of Public Instruction** **Attn: Educator Licensure** P.O. Box 202501 Helena, MT 59620-2501	**To contact Educator Licensure** **www.opi.mt.gov/cert** **406-444-3150 or cert@mt.gov**

Submit this form only if applying for a Class 1 or Class 3 License. This statement should be prepared and signed by the appropriate school official. The **current** appropriate administrator may sign this form based on personnel records. You may need to send this form to more than one district.

Candidate Information

Last Name		First Name		MI	
Folio ID (assigned by OPI)		Last four digits of your SSN		Former Name(s) (Maiden or Other)	

Completed by the School District

If the employment history is too complex to enter below, please sign this form and attach additional documentation.

I verify	(Employee Name)	**was employed by**	(School District)

As a	☐ Teacher	☐ Part time	**Or**	☐ Full time	From (month/yr)	
		If "Part Time", please indicate FTE equivalent (eg .25 for 1/4 time)			To (month/yr)	
	☐ School Counselor	☐ Part time	**Or**	☐ Full time	From (month/yr)	
		If "Part Time", please indicate FTE equivalent (eg .25 for 1/4 time)			To (month/yr)	
	☐ Principal	☐ Part time	**Or**	☐ Full time	From (month/yr)	
		If "Part Time", please indicate FTE equivalent (eg .25 for 1/4 time)			To (month/yr)	
	☐ Superintendent	☐ Part time	**Or**	☐ Full time	From (month/yr)	
		If "Part Time", please indicate FTE equivalent (eg .25 for 1/4 time)			To (month/yr)	

Signature		Printed or typed name		Date	
Title		email		Phone Number	