

## RECORD OF PROFESSIONAL EXPERIENCE

Use **ONE** form per employer  
**PRINT** with **BLUE** or **BLACK** ink  
 The **original**, completed form must be put into an official sealed **school** envelope by the school or school district and given to the applicant to be submitted along with all other documents for New Jersey certification.

A. Applicant Information		
Last Name	First Name	Middle Initial
Social Security Number		

B. Successful Professional Experience <i>(To be completed by employer. Student Teaching, Internships, Practicums, Substitute Teacher or Teacher's Aide experience is NOT applicable.)</i>							
Position Held <small>(Teacher, Superintendent, Principal, School Counselor, School Psychologist, etc.)</small>	Name of certificate required for this position	If Teacher, indicate subject taught	Grade Level	Start Date <small>(month/day/year)</small>	End Date <small>(month/day/year)</small>	Check One: <b>Full-Time</b> (50% or more)   <b>Part-Time</b> (less than 50%)	

C. Teacher Evaluation <i>***This section should ONLY to be completed if applying for INSTRUCTIONAL certification***        (The employer must fill out this section ONLY for TEACHING experience completed within the last 4 YEARS.)</i>			
Which Teacher Practice Evaluation Instrument does your school district use to evaluate teachers?	Date(s) of Evaluation per School Year	Teaching Position Held	Final Rating <small>(Choose from one of the following terms: Inefficient, Partially Inefficient, Effective or Highly Effective)</small>
	20__ - 20__		
	20__ - 20__		
	20__ - 20__		
	20__ - 20__		

D. School District Information <i>(To be completed by employer.)</i>	
I verify that this record is correct and contains all <u>successful</u> experience in an approved public or nonpublic school.	
Printed Name: _____	School District: _____
Signature: _____	Name of School: _____
Title: _____	Address: _____
Phone Number: _____	_____
Email: _____	Date: _____