

## Verification of Paid Experience Form for Pupil Personnel Services Titles

**New York State employers with access to TEACH** would complete a Superintendent Statement in the TEACH Online System instead of completing this form.

**For other employers**, this form must be completed and submitted by one of the following individuals: Superintendent, Superintendent's designee, Director of Human Resources, or Chief School Officer of the approved non-public/independent school.

### Instructions

The form must be completed and submitted by the employer and must be sent to the Office of Teaching Initiatives via email to [otixpverif@nysed.gov](mailto:otixpverif@nysed.gov). The Office of Teaching Initiatives will not accept the form if it is sent by the applicant. It is suggested that the employer provide the applicant with a copy of this completed form for his/her records. Applicants who applied through a BOCES should have a copy of the form sent to their BOCES contact.

The end date of employment must be on or before today's date; future end dates, "to present", and/or incomplete forms will not be accepted.

Employee Information		
First Name:	Last Name:	Middle Initial:
Date of Birth: ____/____/____ (mm/dd/yyyy)	Last 4 Digits of Social Security Number:	
Certificate title(s) for which the certificate holder is requesting this form be completed:		
Pupil Personnel Service Experience		
Enter the total full-time equivalent days worked during each year of employment (12-month period). For the Permanent certificate in the pupil personnel service (PPS), individuals must complete at least two years of acceptable PPS experience or its equivalent (360 full-time days). Full-time and part-time experiences are acceptable. <b>Hourly employment must be converted to full-time equivalencies.</b>		
Employment Year 1: From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)		
1. Total number of full-time equivalent days worked: _____		
2. The pupil personnel service professional was a (check one):		
<input type="checkbox"/> School Attendance Teacher	<input type="checkbox"/> School Nurse Teacher	
<input type="checkbox"/> School Counselor	<input type="checkbox"/> School Psychologist	
<input type="checkbox"/> School Dental Hygienist	<input type="checkbox"/> School Social Worker	
3. <input type="checkbox"/> I attest that the applicant held a valid and appropriate pupil personnel services (PPS) certificate in the area of their assignment, or was not required to be certified for their assignment, during this time period. Information on when a valid and appropriate PPS certificate is required is available at: <a href="http://www.highered.nysed.gov/tcert/certificate/exp/pupil-personnel-service.html">http://www.highered.nysed.gov/tcert/certificate/exp/pupil-personnel-service.html</a>		

<b>Employment Year 2:</b> From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)	
1. Total number of full-time equivalent days worked: _____	
2. The pupil personnel service professional was a (check one):	
<input type="checkbox"/> School Attendance Teacher	<input type="checkbox"/> School Nurse Teacher
<input type="checkbox"/> School Counselor	<input type="checkbox"/> School Psychologist
<input type="checkbox"/> School Dental Hygienist	<input type="checkbox"/> School Social Worker
3. <input type="checkbox"/> I attest that the applicant held a valid and appropriate pupil personnel services (PPS) certificate in the area of their assignment, or was not required to be certified for their assignment, during this time period. Information on when a valid and appropriate PPS certificate is required is available at: <a href="http://www.highered.nysed.gov/tcert/certificate/exp/pupil-personnel-service.html">http://www.highered.nysed.gov/tcert/certificate/exp/pupil-personnel-service.html</a>	
<b>Employment Year 3:</b> From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)	
1. Total number of full-time equivalent days worked: _____	
2. The pupil personnel service professional was a (check one):	
<input type="checkbox"/> School Attendance Teacher	<input type="checkbox"/> School Nurse Teacher
<input type="checkbox"/> School Counselor	<input type="checkbox"/> School Psychologist
<input type="checkbox"/> School Dental Hygienist	<input type="checkbox"/> School Social Worker
3. <input type="checkbox"/> I attest that the applicant held a valid and appropriate pupil personnel services (PPS) certificate in the area of their assignment, or was not required to be certified for their assignment, during this time period. Information on when a valid and appropriate PPS certificate is required is available at: <a href="http://www.highered.nysed.gov/tcert/certificate/exp/pupil-personnel-service.html">http://www.highered.nysed.gov/tcert/certificate/exp/pupil-personnel-service.html</a>	
For additional years, please make copies of this page to extend the form.	
<b>Attestation of Experience</b>	
I verify that the indicated individual gained the paid experience listed above at the public/private school of which I am the Superintendent, Superintendent's designee, Director of Human Resources, or Chief School Officer of the approved non-public/independent school.	
Name of School or Employer:	
Address of School or Employer:	
Print Name of Administrator:	
Administrative Title:	
Signature of Administrator:	Today's Date: / / (mm/dd/yyyy)
Email:	Phone Number: ( )