

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Teaching Initiatives
89 Washington Avenue, 5N EB
Albany, New York 12234
www.highered.nysed.gov/tcert

Verification of Paid Experience for Teaching Assistant Level II or III Certificates

All paid experience for a Teaching Assistant certificate must be verified by the Public School Superintendent or Chief School Officer of the Non-Public school and entered as a Superintendent Statement in TEACH.

Instructions for Certificate Holder:

- If your employer does not have access to TEACH to enter a Superintendent Statements, complete Section I and submit the form to your employer(s) for completion of Section II. **A separate form must be completed by each employer.**
- **NYC DOE employees:** The NYC DOE Paraprofessional Milestone Unit submits Superintendent Statements verifying experience on behalf of their employees. If you do not see that a Superintendent Statement is entered in the "Superintendent Statements" section of your TEACH account, contact the Office of HR School Support, Paraprofessional Milestone Unit at 718-935-3166 or Para_Milestones@schools.nyc.gov.

Instructions for the Employer:

- If you have access to TEACH to enter Superintendent Statements, please complete the Superintendent Statement in TEACH and do not use this form.
- If you do not have access to TEACH, please complete Section II and III. This form must be completed by the Superintendent of the school district or an authorized individual, verifying that the certificate holder completed paid Teaching Assistant experience.
- The form must be submitted to the Office of Teaching Initiatives by the employer via email to: otexpverif@nysed.gov; or by mail to the address listed above. This form cannot be faxed.

Section I:			
First Name:		Last Name:	Middle Initial:
Date of Birth: ____/____/____		Last 4 Digits of the Social Security Number: ____	
Certificate title(s) you are requesting this form be completed for:			
Section II			
Commissioner's Regulations, 80-5.6 require one year of valid paid teaching assistant experience under a valid Teaching Assistant Level I certificate for the Level II certificate. Experience for the Level III certificate must be valid paid Teaching Assistant experience under the Level I certificate or satisfactory classroom teaching experience under a classroom teaching certificate.			
Name of employer: _____			
If employer and School are different, name of school where program is located:			
Street Address:		City:	State: Zip Code:
Employment 1			
Position: _____ (Subject and grade level)			
<input type="checkbox"/> Full time: from: ____/____/____ to: ____/____/____ (mm) (dd) (yyyy) (mm) (dd) (yyyy)			
<input type="checkbox"/> Part time: full-time equivalent days: _____ from: ____/____/____ to: ____/____/____ (mm) (dd) (yyyy) (mm) (dd) (yyyy)			

Employment 2
Position: _____ (Subject and grade level)
<input type="checkbox"/> Full time: from: ____/____/____ to: ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> (mm) (dd) (yyyy) (mm) (dd) (yyyy) </div>
<input type="checkbox"/> Part time: full-time equivalent days: _____ from: ____/____/____ to: ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> (mm) (dd) (yyyy) (mm) (dd) (yyyy) </div>
Employment 3
Position: _____ (Subject and grade level)
<input type="checkbox"/> Full time: from: ____/____/____ to: ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> (mm) (dd) (yyyy) (mm) (dd) (yyyy) </div>
<input type="checkbox"/> Part time: full-time equivalent days: _____ from: ____/____/____ to: ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> (mm) (dd) (yyyy) (mm) (dd) (yyyy) </div>
Section III
I verify that the individual listed above gained the paid experience listed above at the public/private school of which I am the superintendent; or, the approved non-public/independent school of which I am the chief school officer.
Name of school or employer: _____
Address of school or employer: _____
Print name of administrator: _____
Signature of administrator: _____ Date: _____
Administrative title: _____
Email: _____ Phone #: _____