

**VERIFICATION OF EXPERIENCE FORM PDE 338 V**  
**Use one form for each employer**  
**See Instructions on back of this form**

APPLICANTS: Please note the following information in regard to your Social Security Account Number (SSAN)  
 DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)  
 AUTHORITY: 24 P.S. Section 1224.  
 PRINCIPAL PURPOSE(S): To be used for registration and maintenance of records of all certificated persons as having met qualifications for teaching.  
 ROUTINE USES: Used by the Pennsylvania Department of Education for the (1) evaluation, registration, and maintenance of certification records, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification, and (3) provision of certification data to authorized personnel and agencies.  
 DISCLOSURE: Mandatory. Withholding requested SSAN will result in denial of a candidate's application for certification.

**PART A: APPLICANT**

Last Name	First Name	MI	Social Security Number

**PART B: SCHOOL DISTRICT OFFICIAL**

**Professional Educator Experience**  
 (to be completed by employer)

Name of School District or Institution	Beginning Date of Service (month, day, year)	Ending Date of Service (month, day, year)	Total Hours Worked per Week	Position Held (e.g. Teacher, Counselor, Supervisor, Principal, Superintendent)  If Teacher, indicate subject and grade
			<input type="checkbox"/> full time <input type="checkbox"/> part time	
<input type="checkbox"/> Public <input type="checkbox"/> Private				

I verify that this record omits leave of absence periods and that all information is complete and correct according to the official records of the designated school district or institution.

\_\_\_\_\_  
 Signature of Superintendent or Designee      Title      Date

## INSTRUCTIONS FOR VERIFICATION OF EXPERIENCE FORM PDE 338 V

Candidates for Supervisory, Administrative or Letter of Eligibility certificates **must** submit this Verification of Experience form. Candidates for Instructional and Educational Specialist certificates should include any previous professional experience.

### APPLICANT

1. Complete PART A **by printing in capital letters with dark blue or black ink** your Last Name, First Name, Middle Initial, and entering your Social Security Number.
2. Send a separate copy of this form to each present or former employer. **You may photocopy this form as needed.**
3. After this form is completed by each employer and returned to you, check the information for completeness before adding it to your packet.

**NOTE:** Beginning and Ending Dates must include month, day and year, and employers must provide their Signature, Title, School Address and Telephone Number.

### EMPLOYER

Complete PART B **using dark blue or black ink.**

1. All requested information must be supplied. Please note that Beginning and Ending Dates must include month, day and year.
2. If the employee was a teacher, please indicate the grade levels and/or academic subjects taught. Otherwise indicate title (e.g. counselor, supervisor, principal).
3. Sign the application and print your Title and the Date.
4. Print the School Address and your office Telephone Number.
5. Return the form to the applicant, **NOT** to the Bureau of Teacher Certification and Preparation.