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**YEARS OF TEACHING EXPERIENCE
VERIFICATION GUIDELINES**

WiscAd participants seeking licensure as school administrators in Wisconsin must document three years of successful teaching or pupil services experience in one of the following ways:

1. Written documentation in the form of a letter, memorandum, or other document signed by a school administrator or designee, together with a copy of all teaching licenses which are/were in effect at the time these years/hours of experience were obtained.

Sample Statement:

For certification purposes, I, _____ (name and title), hereby verify that _____ (name) has successfully completed three years of teaching experience while certified as a teacher or three years of experience as a school counselor, school psychologist or school social worker including a minimum of 540 hours of successful classroom teaching experience.

2. Verbal or electronic communication in the form of an e-mail, facsimile, or direct contact transmitted by a school administrator or designee, together with a copy of all teaching/pupil service licenses which are/were in effect at the time these years/hours of experience were obtained.

“School administrator” is defined as any administrator or governing board designee acting in an official capacity on behalf of an accredited public or private school district, governing board or agency, school entity, CESA, or special funding source dedicated to the instruction of school-age children birth to age 21.

“Teaching experience” for one school year is defined as a minimum of one class period per day for 180 day contract year. Persons verifying three years of successful experience in school counseling, school social work or school psychology must also document at least 540 hours of successful classroom teaching experience. Pupil Service licensure includes school counselor, school psychologist and school social worker.

Upon receiving such documentation, the WiscAd program director will verify its authenticity, and then sign below as official record of verification.

A copy of this verification will be sent to the participant for inclusion in the professional portfolio required for licensure.

By signing below, I, Mary Jo Merget, WiscAd program administrator, hereby verify that proof of teaching experience has been presented to and authenticated by me in one of the required forms of documentation listed above.

Mary Jo Merget
WiscAd Administrator

Date

Candidate

Birth date

Attached: Documentation

Form: August 19, 2011