



TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING
INTERN EXPERIENCE VERIFICATION

The information listed below is to be completed by the Certification Officer of the college/university at which the Intern is enrolled in a teacher preparation program. The Intern must complete one full school year of experience at an accredited school recognized by the Tennessee Department of Education to obtain full credit for the experience.

NAME OF EDUCATOR _____ **SOCIAL SECURITY NUMBER** _____

IMPORTANT: Please give a copy of this form to the Intern for their files. The Intern may need to give a copy to their superintendent/director when they become employed in a Tennessee school.

Information below to be completed ONLY by the COLLEGE/UNIVERSITY Certification Officer.

EXPERIENCE RECORD (Please list experience yearly, each year on a separate line, beginning July 1 and ending June 30.)

Name of School	School System	Position and Grade Level		State	School Year, July-June		% Time of Program
					Beginning Date Month/Day/Year	Ending Date Month/Day/Year	

Check one of the following:

Public School Private School Other _____

THE PRIVATE, NON-PUBLIC SCHOOL AT WHICH EXPERIENCE WAS ACCRUED WAS FULLY APPROVED OR ACCREDITED BY _____ AT THE TIME SERVICE WAS PERFORMED.

(State Department of Education or Association of Colleges & Schools)

I HEREBY CERTIFY THAT THE ABOVE LISTED EXPERIENCE IS A TRUE AND CORRECT COPY OF THE RECORDS ON FILE FOR THE EDUCATOR NAMED ABOVE.

(This form must be signed by the Certification Officer of the college/university as stated above.)

Signature _____ **Title** _____ **Telephone Number** _____

Address _____

Street/P.O. Box

City

State

Zip Code

Email Address _____ **Date** _____