



Verification of Experience Form

B.S. Elementary Education (Includes P-3 Certification) and B.S. Collaborative Teacher/Special Education (K-6/6-12)

Section I: Personal Data (TO BE COMPLETED BY THE CANDIDATE)

Student Name: UWA ID: SS Number:

Cell Phone: Date of Birth: E-mail Address:

Desired Degree: B.S. Elementary (includes P-3 Certification) B.S. Collaborative Teacher/Special Education (K-6/6-12)

Acceptable experience is considered an instructional aide or paraprofessional position in an approved School setting. You must be currently employed in the acceptable position. Pre-School and Head Start experience is acceptable. More information regarding the school may be requested if needed.

Section II: Experience

(TO BE COMPLETED BY THE SUPERINTENDENT, PRINCIPAL OR HEADMASTER, COLLEGE/UNIVERSITY HUMAN RESOURCES/PAYROLL OFFICER OR ASSOCIATION DIRECTOR)

Do not return this form to the applicant. Please scan completed form to uwaonline@uwa.edu.

Questions, call 844-900-3037 or e-mail uwaonline@uwa.edu

Name of School, Nonpublic School, College/University, or Association:

Table with 6 columns: From: Month/Day/Year, To: Month/Day/Year, Specific Grade(s) Taught, Specific Subject Area (s), Position(s) Held, Full Time/Part Time. Includes checkboxes for Full Time and Part Time.

\*\*TO BE COMPLETED BY SCHOOL PERSONNEL ONLY\*\*

I certify that the above information pertaining to this individual is true and correct:

Typed or Printed Name

Position Held

School System, Nonpublic School, College/University, Association

Mailing Address, City, State, ZIP Code

Phone Number

Signature of: Superintendent, Principal or Headmaster, College/University Human Resources/Payroll Officer, Association Director

Date

A business card must be mailed or scanned and e-mailed along with this completed form. If sent via e-mail, this form will not be accepted from the applicant, it must come from school personnel official e-mail.