



**REACH  
INSPIRE  
CONNECT**

**Rhode Island College  
Health and Physical Education Department  
School Nurse Teacher Certification**

**Work Experience Verification Form**

This form should be submitted by applicants who require PK-12 work experience verification when applying for RI certification. Please use a separate form for each employer verifying work experience.

<b>PART A: To Be Completed by the Educator (Please PRINT or TYPE)</b>				
Last Name	First Name	Middle Initial	Cert Id Number (or SSN)	Certificate Areas and Code <i>(Listed on page 3 of General Application)</i>

**PART B: To be completed and signed by the District Superintendent. (Please PRINT or TYPE) (If an educator's work experience was in a charter or private school, the appropriate Head of School or Director should complete and sign)**

**District/Institution Information:**

Name of School/District: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**PK-12 Work Experience:** In the chart below complete PK-12 work experience for the educator, starting with the most current experience. All sections must be completed for the application to be processed.

Dates of Service		# of Days in Service if Substitute	Grade Level(s)	Subject Area(s)	Title / Position Held/ Description of Role
From: (MM/DD/YY)	To: (MM/DD/YY)				

I verify that the above listed information omits leave of absence periods and that all information is complete and accurate according to the official records of the school district or institution.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Signature: Superintendent/Head of School/Director/Principal) (Date) (Printed Name of Superintendent/Head of School/Director/Principal)