



Verification of Experience Form PDE 338 V

(Refer to instructions included with this form.)

Section I – Applicant Information (please print or type)

Last Name: _____ First Name: _____ Middle Initial: _____

Pennsylvania Personnel ID (PPID): _____

Current Address: _____

City/State/Zip Code: _____

Please list all former name(s) beginning with the most recent:

Last	First	Middle Initial

Section II – School District/Institution Information

Public or Private School District or Institution Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Extension: _____

Email address of contact person: _____

Section III – Satisfactory Professional Educator Experience (to be completed by employer)

1. Beginning Date of Service: _____ (MM/DD/YYYY) Full-Time

Ending Date of Service: _____ (MM/DD/YYYY) Part-Time _____ Hours per Week

Position Held: _____
(e.g., Teacher, Counselor, Supervisor, Principal, Superintendent)

If Teacher, indicate subject area and grade span: _____
(e.g., Art PK-12, Math 9-12, Grade 3)

2. Beginning Date of Service: _____ (MM/DD/YYYY) Full-Time

Ending Date of Service: _____ (MM/DD/YYYY) Part-Time _____ Hours per Week

Position Held: _____
(e.g., Teacher, Counselor, Supervisor, Principal, Superintendent)

If Teacher, indicate subject area and grade span: _____
(e.g., Art PK-12, Math 9-12, Grade 3)

Name: _____ PPID: _____

School District or Institution Name: _____

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3. Beginning Date of Service: _____
(MM/DD/YYYY) Full-Time
Ending Date of Service: _____
(MM/DD/YYYY) Part-Time _____
Hours per Week
Position Held: _____
(e.g., Teacher, Counselor, Supervisor, Principal, Superintendent)

If Teacher, indicate subject area and grade span: _____
(e.g., Art PK-12, Math 9-12, Grade 3)

4. Beginning Date of Service: _____
(MM/DD/YYYY) Full-Time
Ending Date of Service: _____
(MM/DD/YYYY) Part-Time _____
Hours per Week
Position Held: _____
(e.g., Teacher, Counselor, Supervisor, Principal, Superintendent)

If Teacher, indicate subject area and grade span: _____
(e.g., Art PK-12, Math 9-12, Grade 3)

Section IV – Affidavit

I verify this record omits leaves of absence, all information is complete and correct according to the official records of the designated school district or institution, the listed service was evaluated and deemed satisfactory, and the designated school district or institution is not aware of a specific good moral character issue(s) that indicates the applicant does not possess the personal qualities that warrant issuance of the requested certificate. (If the school district or institution is aware of a specific good moral character issue(s) that indicates the applicant does not possess the personal qualities that warrant issuance of the requested certificate, a statement of explanation must be attached to this form.)

Signature of Chief School Administrator Date

Printed Name & Title

Verification of Experience Form PDE 338 V Instructions

*Use one form for each employer.
Type or print with dark blue or black ink.*

SECTION I: Applicant Information (completed by the applicant)

1. Print or type your Last Name, First Name, and Middle Initial.
2. Print or type your Pennsylvania Professional ID (PPID), which may be obtained from your TIMS profile or application.
3. Print or type previously used names or aliases, especially those used while working for this employer.
4. Print or type your current return address where the employer may return the form. The return address is your mailing address or email if corresponding electronically.
5. Send a separate copy of this form and instruction sheet to each present or former employer. You may photocopy this form as needed. **This form is an important part of your TIMS application.** It verifies your professional employment and may support your qualifications for certification.
6. After this form is completed by the employer, it should be returned to you. Check the information documented on the form for accuracy and completeness before uploading it into your TIMS application or mailing it with a TIMS coversheet.
7. Upload or submit copies of relative out-of-state certificates/licenses held.

SECTION II: School District/Institution Information (completed by the employer)

1. Indicate whether the entity is public or private by checking the “public” or “private” box provided.
2. Print or type the name of the school district or institution.
3. Print or type the address of the school district or institution and a telephone number, extension, and email address of the designated contact person.

SECTION III: Satisfactory Professional Educator Experience (completed by the employer)

1. All requested information must be supplied. Please note that Beginning and Ending Dates must include the month, day, and year. Use the signature date as the end date if currently employed.
2. Indicate whether the employment was full-time or part-time by checking either the “full-time” or “part-time” box. If the employment was part-time, enter the total hours worked per week.
3. Print the position held during the dates of employment listed. Only enter service that was evaluated and deemed satisfactory. Please note, if the applicant held more than one position in the district or institution, a separate entry must be made for each position. Include a school board-approved job description for locally titled assignments, which is any assignment under a title different than the subject area(s) of the educator certificate/license held.
4. If the position held was “teacher,” indicate the academic subject and grade level(s) taught. A separate entry must be made for each subject. Include the subject and grade span – such as Art PK-12, Math 9-12, Grade 3 – for each assignment.

SECTION IV: Affidavit (completed by the district/institution chief school administrator)

1. Verify that the employment information documented on the form is correct by signing and dating the application.
2. Return the form to the applicant. Do not return the form to the Pennsylvania Department of Education Bureau of School Leadership & Teacher Quality.