School District Permit-Verification of Professional Experience

Authority for Data Collection:
Texas Education Code § 21.055
Planned Use of the Data:
Evaluate expertise in assignment area based on full-time wage earning professional experience for School District Teaching Permit approval.

Instructions:

1. Teaching assignment candidate must complete this form.
2. Authorized certified school administrator verifies experience and license(s)
3. Attach the Verification of Professional Experience along with the School District Teaching Permit application, official transcripts, copies of professional licensure of industry certificates and criminal history to:

Texas Education Agency
Educator Certification
5-100-Attention: School District Permits
1701 North Congress Avenue
Austin, TX 78701-149

If you have questions, please contact the Texas Education Agency at 1-512-936-8400 extension 2

Last Name	First Name	Initial
SSN	Phone Number	

Address	City	*State* *0*	Zip Code

Email	Date of Birth

Section A - Title of specific subject areas for which you wish to qualify

☐ *Health Science Technology* ☐ *Trade and Industrial Education*
☐ Other

List specific work approval area(s) for which this SOQ is being submitted (Examples: Automotive Technician, Cosmetology, or Law Enforcement:

Section B - Education; Applicants may be required to provide proof of diploma, degree, or transcripts.

Indicate Highest Grade Completed: ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ College

Technical, Vocational or Business School

Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study

Copyright© Texas Education Agency. All Rights Reserved.

School District Permit-Verification of Professional Experience

Section B, continued

Undergraduate Colleges or Universities

Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study

Graduate Schools

Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study

Section C - License or Registration; Trade and Industrial Education and Health Science Technology Education certification require current licensure, certification, or registration by a state or nationally recognized accrediting agency as a professional practitioner in one or more approved occupations for which instructions is offered (copy attached).

License/Certification (R.N., Attorney, etc)	Date Issued	Date Expires	Issued by/Location of Issuing Authority (State or other Authority (City, State)	License Number

Section D - Special Training/Skills Qualifications:

List all related training or skills you possess and machines or equipment you can use. You may wish to describe in-service, company training courses, or apprenticeship programs that you have completed. *(Attach additional page if necessary)*

Copyright© Texas Education Agency. All Rights Reserved.

School District Permit-Verification of Professional Experience

Section E - Employment History

Instructions: Starting with the present date, list in reverse order all trade and/or occupational experience acquired since leaving high school.

Note: Employment for less than 20 hours per week shall not be considered for purposes of establishing acceptable work experience. Twelve months of wage-earning experience consisting of at least 40 hours per week shall equal one year of full-time experience.

Employment History Related to the Assignment (attach additional sheets if necessary)

Position Title	Employer		
Mailing Address	City	*State* *0*	Zip Code
Employer's Phone Number	Immediate Supervisor Name and Title		

☐ Full-Time ☐ Summer ☐ Part-Time ☐ Temp/Project	Average number of hours worked per week	Starting Date	Leaving Date

Trade or Skilled Work Personally Performed by You.
Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

Position Title	Employer		
Mailing Address	City	*State* *0*	Zip Code
Employer's Phone Number	Immediate Supervisor Name and Title		

☐ Full-Time ☐ Summer ☐ Part-Time ☐ Temp/Project	Average number of hours worked per week	Starting Date	Leaving Date

Trade or Skilled Work Personally Performed by You.
Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

Copyright© Texas Education Agency. All Rights Reserved.

School District Permit-Verification of Professional Experience

Section E - Employment History continued

Position Title	Employer		
Mailing Address	City	*State* *0*	Zip Code
Employer's Phone Number	Immediate Supervisor Name and Title		

☐ Full-Time ☐ Part-Time	☐ Summer ☐ Temp/Project	Average number of hours worked per week	Starting Date	Leaving Date

Trade or Skilled Work Personally Performed by You.
Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

References: Indicate below the names of three persons qualified to comment regarding your wage-earning experience.

Name	Address	Phone Number	Occupation
Name	Address	Phone Number	Occupation
Name	Address	Phone Number	Occupation

Applicant's Affidavit:

1. *The above information is, to the best of my knowledge, a true statement of facts concerning date of birth, education, teaching experience, and occupational experience.*
2. *I understand any deficiency found in this Statement of Qualifications may disqualify me for consideration of a School District Teaching Permit*

Name	Date/Time Field

Applicant's Signature

Copyright© Texas Education Agency. All Rights Reserved.

School District Permit-Verification of Professional Experience

Section F - Texas Independent School District Verification and Approval

To be completed by the certified school administrator school district teaching Permit professional experience verification in subject area to be taught

" I have reviewed the experience and qualification represented herein and approve this applicant for employment in the following Career and Technical programs."

☐ *Health Science Technology*	☐ *Trade and Industrial Education*
☐ Other	

List specific work approval area(s) for which this SOQ is being Submitted (Examples: Automotive Technician, Cosmetology, or Law Enforcement)

Copy of professional license and/or industry certificate ☐ Attached

Total number of years work experience in the areas indicated above.

Name of Superintendent/Designee

Superintendent/Designee Signature

Copyright© Texas Education Agency. All Rights Reserved.