



Verification of Experience for Military Servicemembers and Spouses

Applicant: Complete the top section only and then forward for verification to the employer. Once returned, upload the completed form in the Military Tab of your application for licensure using The Educator Application and Certification Hub (TEACH).

First Name:	Last Name:	Middle Initial:
Maiden Name:	Last 4 Digits of Social Security Number:	Date of Birth:
Address:	City, State:	Zip Code:
Email:	Home Phone:	Mobile Phone:

Signature of
Applicant:

Date: _____

Employer: Complete each section below to indicate the dates of service, type of certificate and area(s), validity period, and status of the certificate for each specific assignment. The certificate status will be used only for determining eligibility for licensure. ***Please return the completed form to the applicant above.***

School/School District	State	Dates of Service (From – To)	Subject Area(s)	Grade Level(s)

Printed Name of Authorized Official:	Signature of Authorized Official:	Date:
Title:	Phone:	E-Mail:

For inquiries or concerns regarding the portability of educator certificates for servicemembers and their spouses who have moved to Maryland due to military orders and seek reciprocal certification, please contact the certification office, at certinfo.msde@maryland.gov.