



Certification Branch
 200 West Baltimore Street
 Baltimore, MD 21201

www.mdcert.org

Verification of satisfactory educational experience is required for applicants with one or more years of full-time teaching or other professional experience in a public or an accredited nonpublic school.

Applicant: Complete this section only and then forward for verification. Please print or type this information.

Social Security Number: _____ Date _____ of Birth _____

Name: _____
 Last First Former

Address: _____
 Street

_____ City/State/Zip Code Telephone _____ E-mail _____

Applicant Signature _____ Date _____

Employer: The above-named person was employed in your district or school(s). Please complete each section below to indicate the dates of service and performance rating for each specific assignment. Performance ratings will be confidential and will be used only for determining eligibility for certification. **Print or type this information and send the completed form to the Maryland State Department of Education at the above address.**

School/School District	State	Dates of Service From To	Performance Rating	Grade and Subject Taught (50% or more; one subject per box)
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	
			<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	

_____	_____
Printed Name of Authorized Official	Signature of Authorized Official
_____	_____
Title	Date
_____	_____
Address	City/State/Zip Code
_____	_____
Phone	E-mail