



Verification of Occupational Experience
(NON-TEACHING EXPERIENCE)

Division of Educator Effectiveness
Office of Licensure
200 West Baltimore Street
Baltimore, MD 21201

Verification of satisfactory occupational experience is required for applicants for the PTE/SAFA License.

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

Full name (First, Middle if applicable, Last, and Maiden if applicable): _____

Address: _____ City, State, and Zip: _____

Last 4 Digits of Social Security Number: _____ Phone Number: _____ Email: _____

Applicant Signature: _____ Date: _____

Employer: The above-named person was employed in your place of business. Please complete the information below to indicate the dates of service and performance rating for each position held. Performance ratings will be confidential and used only for determining eligibility for licensure. *Please send the completed form to the Maryland State Department of Education via email to certinfo.msde@maryland.gov or fax to 410-333-8963.*

Employer (Full Name and Address)	State	Dates of Service From – To (Month, Day & Year)	FT/PT (If PT, % of Time)	Performance Rating	Job Title/ Position
				Satisfactory Unsatisfactory	
				Satisfactory Unsatisfactory	
				Satisfactory Unsatisfactory	
				Satisfactory Unsatisfactory	

Print Name of Authorized Official: _____

Signature of Authorized Official: _____

Date: _____

Title: _____ Phone Number: _____ Email: _____