



# VERIFICATION OF EMPLOYMENT

## Teacher Certification Section

2500 North Lincoln Boulevard, Room 212

Oklahoma City, OK 73105-4599

405-521-3337

This form is to be used to verify fulfillment of the requirement of one year of employment under one- or two-year certificates. Submit this form along with Application for Oklahoma School Certificate to the Professional Standards Section.

Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security Number: 

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\_\_\_\_\_  
District or College/University

\_\_\_\_\_  
Position

DATES OF EMPLOYMENT	
From	To
Month _____ / Year _____	Month _____ / Year _____

The above educator has been successfully employed by this district or college/university for the dates listed above.

\_\_\_\_\_  
Superintendent or Dean

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Commission Number

My commission expires: \_\_\_\_\_