



# VERIFICATION OF EMPLOYMENT

**Professional Standards 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 provisional certificates. Submit this form along with Application for Oklahoma School Certificate to the Professional Standards Section.

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

Social Security Number:

\_\_\_\_\_  
Oklahoma Accredited 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.

\_\_\_\_\_  
Signature of Superintendent or Dean

\_\_\_\_\_  
Printed Name of Superintendent or Dean

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

\_\_\_\_\_  
Notary

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

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