



**William Paterson University Applicants: Please have your district/s complete this form and return it to you. You will upload it as a PDF to your graduate program application.**

New Jersey Department of Education Office of Certification and Induction

### Record of Professional Experience

This form is submitted on behalf of a candidate who is seeking educator certification in New Jersey. **This form should be completed by each employer and should reference only the positions the candidate held under that employer.**

#### Candidate Contact Information

Information submitted should match any other required documentation.

Last Name:

First Name:

Middle Name or Initial:

Last Four Digits of Social Security Number: \*\*\*-\*\*-\*\*\*\*

Tracking Number (if known):

#### Successful Professional Experience

Student teaching, internships, practicums, substitute teaching and teacher's aide experiences are not applicable.

Position Held	Certificate Required for Position	Subject Taught	Grade Level Taught	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Full (>50%) or Part (<50%) Time
						Full      Part
						Full      Part
						Full      Part
						Full      Part
						Full      Part

#### Teacher Evaluation

This section should only be completed if applying for instructional certification. The employer must fill out this section only for teaching experience completed within the last four years.

Teacher Practice Evaluation Instrument Used by School District	Date(s) of Evaluation per School Year	Teaching Position Held	Summative Rating Choose one
			Ineffective Partially Effective Effective Highly Effective
			Ineffective Partially Effective Effective Highly Effective

Teacher Practice Evaluation Instrument Used by School District	Date(s) of Evaluation per School Year	Teaching Position Held	Summative Rating Choose one
			Ineffective Partially Effective Effective Highly Effective
			Ineffective Partially Effective Effective Highly Effective

**Verification**

I verify that this record is correct and contains all successful experience in an approved public or nonpublic school.

Signature:

Date (mm/dd/yyyy):

Name:

Title:

School District:

School Name:

Street Address:

City:

State:

Zip Code:

Daytime Telephone Number:

Email: