## **VERIFICATION OF POSTSECONDARY EDUCATOR EXPERIENCE**

last name	first name	middle na		maiden name
street addr	ess	city	state	zip code
social security number	r	telephone nu	mber and email address	

## To the employer: Please return this form to the employee. Do not send it directly to the Licensure Section.

Professional Educator (Postsecondary) Experience (to be completed by employer)						
Name of Institution	Beginning date of quarter/semester (month, day, year)	Ending date of quarter/semester (month, day, year)	Total semester hours taught <b>per term</b>	Position title		
(PLEASE USE A SEPARATE LINE FOR EACH QUARTER/SEMESTER TAUGHT)						
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I certify that this verification omits leave of absence periods and that all information is complete and correct according to the official records of the institution.

signature of institution's personnel officer

date

address

Public Schools of North Carolina Department of Public Instruction Licensure Section 6365 Mail Service Center Raleigh, North Carolina 27699-6365 telephone

city, state, and zip code

Form CE

August 2008

## **Postsecondary Educator Experience Credit: How to Apply**

- Postsecondary educator experience is defined as teaching in an institution of higher education such as: community college, technical institute/college, junior college, senior college, or university.
- ▶ For experience as a professional educator at the postsecondary level: Have Form CE (Verification of Postsecondary Experience) completed by your former employer. (If you are submitting experience from more than one employer, have each one fill out a separate form. Duplicate Form CE as needed.) Please note that a minimum of one-half time or more (six semester hours **taught per term**) is required to qualify for experience credit. Full-time experience credit requires a minimum of twelve semester hours **taught per term**.

All requested information must be supplied. Beginning and ending dates for each term taught must include month, day, and year. Total semester hours **taught per term** must be specified. Employers must provide their signature, title, address and telephone number.

• *If this form is being submitted separately from an initial or renewal application*, please mail the completed form along with a \$55.00 evaluation fee to the:

North Carolina Department of Public Instruction Licensure Section 6365 Mail Service Center Raleigh, North Carolina 27699-6365

You may pay by personal check, money order, or certified check (made payable to the Department of Public Instruction), Visa or MasterCard. If you wish to pay by credit card, fill out the credit card payment form and mail or FAX it to (919) 807-3350.

Please do not fold, staple, or use paper clips to organize these materials. Doing so will slow down the automated application process and delay your response. Please mail the documents in a  $9" \times 12"$  envelope. Thank you.

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