

# WORK EXPERIENCE REPORT FORM FOR MICHIGAN PROFESSIONAL OR OCCUPATIONAL CERTIFICATE

**Instructions:**

If you are applying for the Professional or Occupational certificate, this form must be completed by the Superintendent or Chief Official of the employing school district or school and submitted with your application documents.

**CANDIDATE IDENTIFIERS**

(REQUIRED IDENTIFIER)	(SELECT ONE or MORE OPTIONAL IDENTIFIERS)
Last 4-digits of Social Security #: <u>XXX-XX-</u>	PIC: _____ (available through Michigan Online Educator Certification System <a href="http://www.michigan.gov/moees">www.michigan.gov/moees</a> )
Date of Birth: _____	Michigan University Student ID #: _____
MOECS Application #: _____	

<b>Name of School District or School in Which Candidate was Employed</b>
<b>School District's/School's Address:</b>

**CERTIFICATION OF TEACHING EXPERIENCE IN A REGULAR ASSIGNMENT**

This is to certify that _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(first name)</span> <span>(middle/maiden name)</span> <span>(last name)</span> </div>		
taught full-time (2 ½ clock hours or more a day) from _____ to _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(month) (day) (year)</span> <span>(month) (day) (year)</span> </div>		
in grade(s) _____ and subject(s) _____.		

**CERTIFICATION OF SUBSTITUTE TEACHING EXPERIENCE (if applicable)**

This is to certify that _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(first name)</span> <span>(middle/maiden name)</span> <span>(last name)</span> </div>		
substitute taught from _____ to _____ in grade(s) _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(month) (day) (year)</span> <span>(month) (day) (year)</span> </div>		
and subject(s) _____ for a total of _____ days taught.		

**THIS CANDIDATE'S SERVICE IS RATED:**    ☐ **SUCCESSFUL**    ☐ **UNSUCCESSFUL\***

**\*When an unsuccessful rating is recorded, please provide an explanation on the reverse side of this page.**

Superintendent or Chief Official's Signature	Date
Name and Title (please type or print)	Area Code/Telephone Number

**THIS FORM MAY BE DUPLICATED AS NEEDED**