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 #: XXX-XX-PIC: ______________________________

Date of Birth: _________________________Michigan University Student ID #: ________________________

MOECS Application #: ________________________Michigan University Student ID #: ________________________

Name of School District
or School in Which
Candidate was Employed

School District’s/School’s Address:

CERTIFICATION OF TEACHING EXPERIENCE IN A REGULAR ASSIGNMENT

This is to certify that _______________________________________________________________________________

(first name)                              (middle/maiden name)                                  (last name)

taught full-time (2 ½ clock hours or more a day) from ________________________  to __________________________

(month)         (day)         (year)         (month)          (day)         (year)

in grade(s) _______________ and subject(s) _____________________________________________________________.

CERTIFICATION OF SUBSTITUTE TEACHING EXPERIENCE (if applicable)

This is to certify that _______________________________________________________________________________ 

(first name)                              (middle/maiden name)                                  (last name)

substitute taught from ________________________  to _________________________  in grade(s) _________________

(month)         (day)         (year)         (month)          (day)         (year)

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