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-__________
Date of Birth: __________________________
MOECS Application #: __________________________

PIC: ______________________________
(available through Michigan Online Educator Certification System www.michigan.gov/moecs)

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