

# ADMINISTRATOR EXPERIENCE-BASED CERTIFICATE ELIGIBILITY VERIFICATION

**Instructions:**

For those applying for the [Experience-Based Administrator Certificate](#) in accordance with [School Administrator Certification Code R380.102\(2\)](#), Part II of this form may be completed by one of the following entities:

- A. The school board member, supervising administrator or Human Resources representative who hired the educator as a superintendent, principal, assistant principal or other person whose primary responsibility was administering instructional programs prior to January 4, 2010; OR
- B. The school board member, supervising administrator or Human Resources representative who obtained documentation from a previous employer verifying that the educator was employed as a superintendent, principal, assistant principal or other person whose primary responsibility was administering instructional programs prior to January 4, 2010, and, therefore, is in compliance with law.

Application for certification is submitted using the [Michigan Online Educator Certification System \(MOECS\)](#). Once completed, this form and required supporting documentation must be emailed to [MDE-EducatorHelp@Michigan.gov](mailto:MDE-EducatorHelp@Michigan.gov).

**Part I: EDUCATOR IDENTIFIERS**

<b>Educator:</b> _____		
(first name)	(middle/maiden name)	(last name)
<b>Identify one or more of the following:</b>		
Last 4-Digits of Social Security Number: XXX-XX-_____		Date of Birth: _____
MOECS Application Number (if applicable): _____		PIC: _____

**Part II: VERIFICATION OF EXPERIENCE**

<p>This is to certify that the educator identified above was initially <b>employed as a superintendent, principal, assistant principal, or other person whose primary responsibility was administering instructional programs prior to January 4, 2010</b></p>	
<p>at the following school or district: _____ (Name of School/School District)</p>	
<p><b>Verified using the following documentation*:</b></p> <p><input type="checkbox"/> Signed/Dated Contract    <input type="checkbox"/> Official Letter from School with Employment Date    <input type="checkbox"/> Other: _____</p> <p style="text-align: center;"><i>(*Documentation must be maintained by both employer and educator for audit purposes.)</i></p>	

Signature of Person Verifying Experience	Date
Name and Title of Person Verifying Experience (please print)	Telephone Number
Organization/Entity	Signer's Email Address