

Fairfax County Public Schools  
 Gatehouse Administrative Center 1  
 Licensure Office - Suite 1100  
 8115 Gatehouse Road  
 Falls Church, VA 22042

**REPORT ON EXPERIENCE**

**DIRECTIONS:** A report verifying experience must be completed by the appropriate nonpublic school or public school division official if the applicant for initial licensure has had a total of at least one year of full-time, contractual teaching experience or held other professional positions in a public school or accredited nonpublic school. The completed form must be submitted to this office by the applicant along with all other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

Last Name	First Name	Middle Name
Social Security Number: _____ - _____ - _____		
Address of Applicant (Street, City, State, Zip Code)		

NAME OF ACCREDITED SCHOOL <small>(Please report only full-time, contractual teaching experience in an accredited public or accredited nonpublic school. Experience as a substitute teacher or aide should not be listed.)</small>	POSITION HELD	GRADE LEVEL OR SPECIFIC SUBJECT TAUGHT	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

Total number of years of full-time teaching experience: \_\_\_\_\_

Total number of years of full-time experience in administration supervision: \_\_\_\_\_

Total number of years of full-time experience in a pupil personnel services area (counselor, psychologist, social worker, speech pathologist, vocational evaluator): \_\_\_\_\_

By my signature, I verify that the above-named person was successfully employed full-time, under contract in the public schools or **accredited** non public school(s) and for the period(s) listed above.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_