Michigan Department of Education
Teacher Preparation and Certification Services
Experience Teacher Report for Michigan Professional Certification

Instructions: This form is for verification of teaching experience required for professional certification. Please have the current superintendent or authorized official complete and return this form directly to:

CERTIFICATION OFFICE
FERRIS STATE UNIVERSITY
1349 CRAMER CIRCLE
419 BISHOP HALL
BIG RAPIDS, MI  49307

I. SCHOOL IN WHICH THE CANDIDATE TAUGHT

<table>
<thead>
<tr>
<th>School Name:</th>
<th>School Address:</th>
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II. CERTIFICATION

This is to certify that

Last Name  First Name  Middle Name  Maiden (If applies)

Social Security Number:  __ __ __ / __ __ / __ __ __ __, Taught FULL-TIME* under appropriate supervision from ____/_____/_______ to _____/_____/__________.

Month     Day           Year                            Month        Day         Year

In grade(s) ____________ and subject(s)_____________________  __________________

_____________________  __________________

This candidate’s service is rated:  □ Satisfactory      □ Unsatisfactory**

Superintendent or Authorized Official: ____________________________________________

(Signature)

Date:  ______/_____/________  

Month      Day           Year

Contact Person: _______________________________  Telephone #: (_____) _____ - ________

*Teaching experience of substitute teachers must be verified in terms of the number of days taught.
** When unsatisfactory rating is recorded, please provide an explanation on the reverse side of this page.