

ADMINISTRATOR EXPERIENCE-BASED VERIFICATION

Instructions:

If you are 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 you as a superintendent, principal, assistant principal, other person whose primary responsibility was administering instructional programs, or chief business official** 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 you were employed as a superintendent, principal, assistant principal, other person whose primary responsibility was administering instructional programs, or chief business official** prior January 4, 2010 and therefore are in compliance with law.
- C. If neither of the above entities can verify your employment: The [Michigan Association of School Administrators](#) (MASA) can review documentation of employment on your behalf.

Application for certification is submitted using the [Michigan Online Educator Certification System \(MOECS\)](#). Once completed this form must be emailed (MOECSSupport@michigan.gov) or faxed (517-373-0542).

Educator: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (first name) (middle/maiden name) (last name) </div>
Identify one or more of the following: Last 4-Digits of Social Security Number: XXX-XX-_____ Date of Birth: _____ MOECS Application Number: _____ PIC: _____

Part I: EDUCATOR IDENTIFIERS

Part II: VERIFICATION OF EXPERIENCE

This is to certify that the educator identified above was initially employed as a superintendent, principal, assistant principal, other person whose primary responsibility was administering instructional programs, or Chief Business Official**, whose primary responsibilities included administering instructional programs , on _____ _____ at the following school or district: _____ (month) (day) (year) (Name of School District)
Verified using the following documentation*: <input type="checkbox"/> Signed/Dated Contract <input type="checkbox"/> Official Letter from School with Employment Date <input type="checkbox"/> Other: _____ <i>(*Documentation should be maintained by both employer and educator for audit purposes.)</i>

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

****Certificate is available only to business/finance individuals whose exact title is "chief business official".**