

ADMINISTRATOR EXPERIENCE-BASED 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 or as 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 that the educator was employed as a superintendent, principal, assistant principal or other person whose primary responsibility was administering instructional programs or as chief business official** prior to January 4, 2010, and, therefore, is in compliance with law.
- C. If neither of the above entities can verify the educator's employment, [Michigan Association of School Administrators](#) (MASA) can review documentation of employment on the educator's behalf.

Application for certification is submitted using the [Michigan Online Educator Certification System \(MOECS\)](#). Once completed, this form must be emailed (MDE-EducatorHelp@Michigan.gov) or faxed to 517-241-1670.

Part I: EDUCATOR IDENTIFIERS

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

Part II: VERIFICATION OF EXPERIENCE

<p>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</p> <p>_____ at the following school or district: _____</p> <p>(month) (day) (year) (Name of School/School District)</p> <p>Verified using the following documentation*:</p> <p><input type="checkbox"/> Signed/Dated Contract <input type="checkbox"/> Official Letter from School with Employment Date <input type="checkbox"/> Other: _____</p> <p>(*Documentation should be maintained by both employer and educator for audit purposes.)</p>	
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Signature of Person Verifying Experience	Date
Name and Title (please print)	Telephone Number
Organization/Entity	Signer's Email Address

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