



The Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3806
TTY: N.E.T. Relay 1-800-439-2370

Adult and Community Learning Services

Teaching Experience Verification

Applicants with a current preK-12 teacher’s license, at either the initial or professional levels (formerly known as provisional with advanced standing and standard), and at least one year of ABE teaching experience, or the equivalent (480 instructional hours), may be eligible to pursue the professional ABE license via Route 3.

Applicants with at least five years of ABE teaching experience, or the equivalent (2,400 instructional hours), may be eligible to pursue the professional ABE license via Route 4. For more information on the types of teaching that may be used toward these routes to licensure, refer to the *Guidelines for the ABE Teacher’s License* available at <http://www.doe.mass.edu/educators/abeguidelines/part5.pdf>

Please complete the information on this form before submitting it to your current and/or past supervisors. Please use a separate form for each employer. You may submit as many *Verification Forms* as necessary to qualify for either route 3 or 4.

To be completed by the applicant:

1. Social Security Number: _____ - _____ - _____ DOB: _____

2. Last Name: _____ First Name: _____ Middle: _____

3. Affidavit/Applicant’s Signature:

This application contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of the license.

Signed under the penalties of perjury.

Signature

Date Signed

Special accommodations are available to any person who has documented physical or learning disabilities. For further information, please contact the Office of Educator Licensure at 781-338-6600.

To be completed by the ABE supervisor:

4. Supervisor's Last Name: _____ First Name: _____

5. Position and Title: _____

6. ABE Program: _____

7. Program Address: _____

City/Town: _____ State: _____ Zip: _____

8. Daytime Telephone #: _____

E-mail address: _____

Note: The Department may contact you if any questions arise or clarifications are needed.

9. Verification of Applicant's Experience:

a) The applicant is/was an ABE teacher and/or tutor with this program from:

_____ to _____
 month / day /year month / day /year

b) While employed/volunteering in the above program, the applicant accumulated the following number of hours of ABE teaching experience (preparation time not included):

Taught or Tutored	# ABE classes	# hrs/week	# weeks	Subtotal hours
Total:				

Example

Taught or Tutored	# ABE classes	# hrs/week	# weeks	Total hours
Taught	3 ESOL	5	80	1200
Tutored	1 ABE student	2	32	64
Total:				1264

c) If the applicant's ABE teaching experience was tutoring, did he/she complete a training program of at least 15 hrs?
 Yes No N/A

Note to Applicant: A copy of the certificate of completion for this training must be included with the application in order for tutoring hours to be considered.

10. Affidavit/Supervisor's Signature:

This application contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of the applicant's ABE license.

Signed under the penalties of perjury.

Signature

Date Signed