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Las Vegas, Nevada 89119
702-486-6458
Serving all Nevada Counties



Carson City Office
700 East Fifth Street
Suite 105
Carson City, Nevada 89701
775-687-9115

www.doe.nv.gov

license@doe.nv.gov

State of Nevada
Department of Education
Verification of Teaching or Work Experience
(Please Print Clearly)

Type of Experience Being Verified:

Teaching Experience Work Experience

Applicant Use Only:

Applicant Name: _____
Last First MI
License #: _____ SS#: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone Number: _____

Employer Use Only:

The applicant is requesting you provide our office with verification of his/her teaching and/or work experience with your company or school/school district. Please complete all applicable areas below. Use additional sheets as necessary.

Name of Company/School: _____ Employed from: _____ to _____
mm/yy mm/yy

Address of Company/School: _____

For TEACHING Experience Only:

Only full-time, licensed teaching experience at a state-licensed public or private school or DoDDS school should be listed.

Subject(s) Taught: _____ Grade Level: _____ % FTE: _____

For WORK Experience Only (Use for Business & Industry or CTE licenses only):

Applicant's Job Title: _____ Self-Employed? Yes No

(If self-employed, attach evidence of self-employment, e.g. tax records, and a copy of your state business or professional license.)

Specific job functions and responsibilities: _____

Applicant was employed: Full time (40 hours per week) Part time - _____ total hours worked

Certification of Employer:

I certify that the foregoing information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone Number: _____ Email: _____