



LEE COUNTY SCHOOL DISTRICT

1280 College View Drive, Tupelo, MS 38804 - 662.841.9144

CERTIFICATION OF EXPERIENCE

Section I: To be completed by educator

Name: _____
Last First Middle

Address: _____
City State Zip

Social Security Number: _____

Section II: To be completed by institution

Note: Teaching experience is defined as experience accrued by a properly licensed staff member in a grade or subject under legal contract to an accredited public, private, elementary, or secondary (K-12) school; or teaching experience accrued at a state-approved or regionally/nationally accredited Community/Jr. College or Institution of Higher Learning. Educational experience as an intern, graduate assistant, student teacher or in positions such as a substitute teacher, aide or clerical worker will not be considered appropriate.

| School | Start Date | End Date | # of Years | Position/Grade |
|--------|------------|----------|------------|----------------|
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This is to certify that educator, _____ has successfully completed _____
scholastic years in the _____ School's district. Last effect day of
health insurance coverage _____.

Signature

Date

Title