

NATIONAL BOARD

for Professional Teaching Standards[®]

National Board Certification[®]
**Eligibility Verification
Forms and Instructions**

Effective 2021

Note: The National Board will routinely audit candidate records and request proof of meeting the eligibility prerequisites as outlined in the *Guide to National Board Certification*. **If you have not been selected to participate in the audit, do not submit these Eligibility Verification Forms.**

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INSTRUCTIONS

Follow the steps in this section to determine whether you meet the eligibility requirements for National Board Certification®. To be eligible, you must submit proof that you meet all employment, licensure, and education requirements prior to starting the certification process. Because teaching situations vary widely across the country, candidates are strongly urged to call 1-800-22TEACH (83224) to clarify these rules prior to applying and making payment, as the application charge and initial fee are nonrefundable.

If you meet the three requirements listed below, you may use the combined **Candidate Eligibility Verification Form**:

- (1) Have worked for at least three years in the same state-supported school district.
- (2) Were required to hold at least a bachelor's degree for employment at this school (note, candidates registering for the Career and Technical Education certificate are required to hold a bachelor's degree only if their state required one for their current license).
- (3) Were required to hold a valid state teaching license (or school counseling license if you applied for the ECYA/School Counseling certificate) for the three years of employment at this school.

If you do not meet the requirements above, you must complete and submit the following forms:

- **Candidate Education Verification Form**
- **Candidate Employment Verification Form**
- **Candidate License Verification Form**
- **Candidate Workplace Verification Form**

All of the forms listed above are included in this document. Submit your completed forms to us, using the [National Board web form](#) on the National Board's Contact Us page.

ECYA/School Counseling Candidates: To apply for this certificate area, you must have been employed as a school counselor (not as a classroom teacher) at the pre-K through 12 level for a minimum of three years, meet the licensure requirements established by your state for a "school counselor," and have held that valid license during those years of employment.

COMPLETING AND SUBMITTING REQUIRED FORMS

Almost all verification forms request information from you and from institution(s). It may take time for the institution(s) to complete these forms; the National Board encourages you to submit them to the appropriate institution(s) as soon as possible. Before you submit any forms to an institution, complete the following steps:

- Complete your portion of the forms as instructed.
- Sign your name.
- Write your National Board ID number in the space provided.

Because you are responsible for submitting all documentation to the National Board, you will need to instruct the institution(s) to return the completed form(s) directly to you. Remember that you will sign these forms attesting that the information is accurate.

Submit all completed forms and documentation to verify you meet the eligibility requirements at the same time - the National Board is unable to process individual forms that are sent separately. Once you have received all signed and completed forms from the necessary institution(s), submit them together using the [National Board web form](#) on the National Board's Contact Us page. You will need to create a Zip file or convert your individual forms to a multi-paged PDF before submitting.

If the National Board does not receive these completed forms by the established deadline, you will be declared ineligible for National Board Certification, and your registration will be withdrawn.

WRITE YOUR NATIONAL BOARD ID NUMBER HERE

CANDIDATE ELIGIBILITY VERIFICATION FORM

This **combined** form is for use **ONLY** if you (1) have worked for at least three years (or the equivalent) at the same state-supported school district, (2) are required to hold at least a bachelor's degree (or its equivalent if applying for the CTE certificate) for employment at this school, and (3) are required to hold a valid state teaching license (or school counseling license if you applied for the ECYA/School Counseling certificate) for the three years of employment at this school. (Employment under an intern or similar license is not acceptable for candidacy.) **You must meet the three requirements listed above. If you do not meet all three requirements, you are not eligible to use this form and must complete and submit the individual forms. If you are working at a facility that does not require a teaching or school counseling license, you cannot use this form**

Candidate: Write your National Board ID number in the space provided, complete the top part of the form, and **attach a copy of your current, valid state teaching license** (or current, valid state school counseling license if you applied for the ECYA/School Counseling certificate) and any other teaching licenses you have held for the three years of employment. Then give the form to your employer to review, sign, and submit. **If you worked at more than one school in the same state-supported school district, this form must be signed by a District Employment Officer.**

Principal/District Employment Officer _____
 District _____
 School(s) _____

 School Street Address _____
 City _____ State _____ ZIP Code _____

By my signature, I hereby authorize National Board or its designated representative to verify the information provided on this form. I further authorize my employer to release my employment information to National Board for this purpose and hereby release them from any liability related to the issuance of this information. I affirm to National Board that (1) my current employment is at a state-supported school district; (2) I have earned at least a bachelor's degree (or its equivalent) from an accredited institution; and (3) I hold a current, valid state teaching license/certificate (school counseling license if I applied for the ECYA/School Counseling certificate). I also represent that the information on this form is true, and I understand that if I misrepresent or falsify information on this form, National Board Certification® shall be denied or, if granted, revoked.

Signature _____		Date You Applied for Candidacy _____
Full Name (Print) _____	Maiden Name _____	Last 4 Digits of Your Social Security Number _____
License/Certificate Number _____	Date Issued _____	Expiration Date _____

Principal OR District Employment Officer: If any of the statements below are not true, then do not sign this form. If the statements below are true, then submit the form to the email address below as soon as possible.

By my signature, I attest that the information on this form is true, and I understand that if I misrepresent or falsify information on this form, National Board Certification shall be denied this candidate or, if granted, revoked.

- The facility listed above is an early childhood, elementary, middle, or secondary school facility.
- The candidate has been employed in this school district for at least three years or the equivalent. See reverse for additional explanation.
- The candidate has held a current, valid state teaching license/certificate during the years employed at this facility (school counseling license if an ECYA/School Counseling candidate). (Employment under an intern or similar license is not acceptable for candidacy.)
- I have the ability and authority to verify employment within the school district.

Signature _____	Date _____	Phone _____
Name (Print) _____	Title _____	

Principal/District Employment Officer: Please return this completed form to the candidate.

Candidate: Refer to the Completing and Submitting Required Forms section of this document for instruction on how to submit this form.

INSTRUCTIONS FOR DETERMINING YEARS OF EMPLOYMENT

Candidates for National Board Certification (1) are required to submit verification of three years (or the equivalent) of successful teaching (or three years successfully serving as a school counselor if the candidate applied for the ECYA/School Counseling certificate) at one or more early childhood, elementary, middle, or secondary school facilities either located within the United States or at an institution accredited by one of the regional agencies recognized by the U.S. Secretary of Education; and (2) must have held the appropriate valid license/credential during those three years. Time spent in administrative positions, teaching or school counseling at the postsecondary level (community college or university/college), student teaching or in teaching internships (or student practica or school counseling internships), teaching under an intern license, and/or as a teacher's assistant does not count toward the requirement.

Candidates for certificate areas other than ECYA/School Counseling who have taught part time are eligible, provided that they have employment that is the equivalent of three years of teaching. Substitute teachers may count teaching time spent in long-term assignments toward the three years; substitute teaching that consists of short-term or on-call assignments does not accrue toward the three years. The three years of employment must have been completed prior to the candidate's application date as recorded on the front of this form and must have been done under a valid teaching license. Successful teaching means the candidate did not have his/her teaching license suspended or revoked during the period of employment being verified.

Candidates for ECYA/School Counseling who have served as a school counselor part time are eligible, provided that they have school counseling employment that is the equivalent of three years of full-time school counseling. The three years of employment must have been completed prior to the candidate's application date as recorded on the front of this form. Successful service as a school counselor means that the candidate did not have his/her school counseling license suspended or revoked during the period of employment being verified.

Use the matrix below to determine if the employment being verified is the equivalent of three years of teaching or school counseling.

Employment Status	Years of Employment	You are qualified to use this form if...
Full time, partly nonteaching or noncounseling	Multiply the number of years of employment at your facility/district prior to the candidate's application date by the percentage of time spent teaching or school counseling (for example, 6 years \times 50% teaching = 3 years of full-time equivalent teaching employment).	Your calculations result in three years of full-time equivalent teaching or school counseling employment as defined on this form. Be certain that your calculations only include time employed under a valid teaching or school counseling license.
Part time	Multiply the number of years of employment prior to the candidate's application date by the percentage of time the candidate is employed (for example, 4 years \times 75% school counseling = 3 years of full-time equivalent school counseling employment).	
Long-term substitute	Add up the length of the long-term teaching assignments completed at your facility/district prior to your application date.	

If you have questions about how to complete this form, call 1-800-22TEACH (832224).

IF YOU DO NOT MEET THE REQUIREMENTS TO COMPLETE THE CANDIDATE ELIGIBILITY VERIFICATION FORM, YOU MUST COMPLETE AND SUBMIT THE FOLLOWING FORMS:

- **Candidate Education Verification Form**
- **Candidate Employment Verification Form**
- **Candidate License Verification Form**
- **Candidate Workplace Verification Form (if applicable)**

Step 1: Education

You must possess a bachelor's, master's, or doctoral degree from an accredited institution—defined as a university or college that is authorized or accepted by a state as fulfilling the state's educational requirement for initial teaching or school counseling licensure. (Completion of degree requirements without award of a degree is not acceptable verification of the education requirement.) If you hold a degree awarded by an institution outside the United States, you may need to submit proof that the degree is equivalent to at least a bachelor's degree from an accredited institution (see instructions below). Note: Candidates registering for the Career and Technical Education (CTE) certificate are required to hold a bachelor's degree only if their state required one for their current license. If you have applied for the CTE certificate and are not required by your state to hold a bachelor's degree, complete the top half of the form and check the box pertaining to CTE.

Do you possess a bachelor's, master's, or doctoral degree from an accredited institution (or its documented equivalent), awarded prior to the date you applied for candidacy?

- Yes** Complete the Candidate Education Verification Form then **go to Step 2**.
- No** You are not eligible for National Board Certification.
- Yes** I have applied for the Career and Technical Education certificate and a bachelor's degree is not required by my state in order to hold a teaching license.

Candidate Education Verification Form

To complete this form, be sure to do the following:

- Fill in all information above the Educational Institution Officer box.
- Sign the form on the signature line.
- Write your National Board ID number in the space provided.

Then do one of the following:

- Send the form to the educational institution that conferred your bachelor's, master's, or doctoral degree.
OR
- Apply online for degree verification at the National Student Clearinghouse website (www.degreeverify.com) and submit their degree-verification certificate along with your Education Verification Form to National Board. (Any other degree verification service may not be acceptable.) For this option, the educational institution officer does not need to sign the Education Verification Form.
OR
- Submit an official transcript with your Education Verification Form to National Board. For this option, the educational institution officer's signature is not required.

If your degree was awarded by an institution outside the United States and your state determined the equivalency of your degree to issue you a state teaching or school counseling license, you may attach to the form copies of (1) the state's credentialing report and (2) your current license. You will not need to verify equivalency through a National Association of Credential Evaluation Services (NACES) institution. If your state did not do this, you will need to submit transcripts to an organization belonging to NACES and attach the resulting documentation on organization letterhead to the form. Following is a table of NACES organizations. You can find organization websites and email addresses at the NACES website (www.naces.org/members).

NATIONAL ASSOCIATION OF CREDENTIAL EVALUATION SERVICES (NACES) MEMBERS

<p>Academic Evaluation Services, Inc. 11700 N 58th Street G & H Tampa, FL 33617 (813) 374-2020 FAX: (813) 374-2023</p>	<p>e-ValReports 10924 Mukilteo Speedway, #290 Mukilteo, WA 98275 (425) 349-5199 FAX: (425) 349-3420</p>	<p>International Academic Credential Evaluators, Inc. PO Box 2465 Denton, TX 76202-2465 (940) 383-7498 FAX: (940) 382-4874</p>
<p>A2Z Evaluations, LLC 216 F Street, #29 Davis, CA 95616 (530) 400-9266</p>	<p>Evaluation Service, Inc. 333 W. North Avenue, #284 Chicago, IL 60610 (847) 477-8569 FAX: (312) 587-3068</p>	<p>International Consultants of Delaware, Inc. 3600 Market Street, Suite 450 Philadelphia, PA 19104 (215) 387-6950 ext. 603 FAX: (215) 349-0026</p>
<p>Center for Applied Research, Evaluations, & Education, Inc. PO Box 18358 Anaheim, CA 92817 (714) 237-9272 FAX: (714) 237-9279</p>	<p>Foreign Academic Credential Service, Inc. PO Box 400 Glen Carbon, IL 62034 (618) 656-5291 FAX: (618) 656-5292</p>	<p>International Education Research Foundation, Inc. PO Box 3665 Culver City, CA 90231-3665 (310) 258-9451 FAX: (310) 342-7086</p>
<p>Education International, Inc. 29 Denton Road Wellesley, MA 02482 (781) 235-7425 FAX: (781) 235-6831</p>	<p>Foreign Educational Document Service PO Box 4091 Stockton, CA 95204 (209) 948-6589</p>	<p>Josef Silny & Associates, Inc. International Education Consultants 7101 SW 102 Avenue Miami, FL 33173 (305) 273-1616 FAX: (305) 273-1338</p>
<p>Educational Credential Evaluators, Inc. PO Box 514070 Milwaukee, WI 53203-3470 (414) 289-3400 FAX: (414) 289-3411</p>	<p>Foundation for International Services, Inc. 14926 35th Avenue West, Suite 210 Lynnwood, WA 98087 (425) 248-2255 FAX: (425) 248-2262</p>	<p>SpanTran: The Evaluation Company 2400 Augusta Drive, Suite 451 Houston, TX 77057 (713) 266-8805 FAX: (713) 789-6022</p>
<p>Educational Perspectives, NFP PO Box 618056 Chicago, IL 60661-8056 (312) 421-9300 FAX: (312) 421-9353</p>	<p>Global Credential Evaluators, Inc. PO Box 9203 College Station, TX 77842-9203 (800) 707-0979 FAX: (512) 388-3174</p>	<p>World Education Services, Inc. PO Box 5087 Bowling Green Station New York, NY 10274-5087 (212) 966-6311 FAX: (212) 739-6100</p>
<p>Educational Records Evaluation Service, Inc. 601 University Avenue, Suite 127 Sacramento, CA 95825 (916) 921-0790 FAX: (916) 921-0793</p>	<p>Global Services Associates, Inc. 409 North Pacific Coast Highway, #393 Redondo Beach, CA 90277 (310) 828-5709 FAX: (310) 828-5709</p>	

WRITE YOUR NATIONAL BOARD ID NUMBER HERE

CANDIDATE EDUCATION VERIFICATION FORM

Candidate: Write your National Board ID number in the space provided, complete the top part of this form, and give the form to the educational institution that conferred your bachelor's, master's, or doctoral degree (or its equivalent) for that institution to complete and submit.

University/College _____

Street Address _____

City _____ State _____ ZIP Code _____

I have applied for the CTE certificate area and a bachelor's degree is not required by my state in order to hold a teaching license.

By my signature, I hereby authorize the National Board for Professional Teaching Standards® (National Board®) or its designated representative to verify information regarding my educational background as indicated on my application. I further authorize the above-indicated institution to release my educational background information to National Board for this purpose and hereby release them from any liability related to the issuance of this information. I also represent that the information on this form is true, and I understand that if I misrepresent or falsify information on this form, National Board Certification® shall be denied or, if granted, revoked.

Signature	Date You Applied for Candidacy
Name (Print)	Last 4 Digits of Your Social Security Number
Previous Last/Maiden Name	Year of Graduation
Years of Attendance	Degree

Educational Institution Officer: If you are able to verify the following information regarding the candidate, complete the form and submit it to the email address below as soon as possible.

Degree Type (circle one): Bachelor's Master's Doctoral Year Granted _____

Signature	Title	Date
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Educational Institution Officer: Please return this completed form to the candidate.
Candidate: Refer to the Completing and Submitting Required Forms section of this document for instruction on how to submit this form.

Step 2: Employment

You must have completed three years of successful teaching (or successfully served three years as a school counselor if you applied for the ECYA/School Counseling certificate) at one or more early childhood, elementary, middle, or secondary school(s).

- The three years of employment **must have been completed prior to the date you applied for candidacy.**
- The three years of employment must have taken place in one or more facilities located within the United States or accredited by one of the regional agencies recognized by the U.S. Secretary of Education. If employed by a school outside the United States, you must submit a letter from one of these agencies specifying that the school at which you were employed was accredited during the period of your employment. (A list of relevant regional accrediting agencies is provided on page 8.)
- You must have held a valid state license (not an intern or a similar license) during the three years of employment you verify.
- Successful teaching or school counseling, at a minimum, means that your teaching or school counseling license was unencumbered (e.g., not suspended or revoked) during the period of employment being verified.

Administrative/Adult Learner Teaching Positions

If you are a teacher in an administrative position or a teacher who is teaching in the adult learner community, you must be able to provide evidence of three years of classroom teaching (or the equivalent) at the pre-K through 12 level in order to pursue National Board Certification in any certificate area except ECYA/School Counseling.

Part-Time or Substitute Teaching

If you teach part time, you are eligible in any certificate area except ECYA/School Counseling, provided your teaching employment is equivalent to three years of full-time teaching. (For example, if your teaching assignment is 50% of a full-time assignment at your school/district, you must have taught for at least six years.) If you are a substitute teacher, you may count teaching time spent in long-term assignments toward the three years, but not short-term or on-call assignments, provided you did so under a valid state teaching license.

Part-Time School Counseling

If you serve as a school counselor part time, you are eligible to be an ECYA/School Counseling candidate, provided your counseling employment is equivalent to three years of full-time counseling. (For example, if your school counseling assignment is 50% of a full-time assignment at your school/district, you must have served as a school counselor for at least six years.)

The following do not count toward the employment requirement:

- Employment as an administrator.
- Student teaching or teaching internships (or student practica or school counseling internships).
- Employment as a teacher's assistant.
- Postsecondary teaching at a community college or university/college. If you teach students over the age of 18, you must teach at the pre-K through 12 level (e.g., vocational classes in a high school setting).
- Employment under an intern or similar teaching license.

Have you completed three years of successful teaching (or three years successfully serving as a school counselor if you applied for the ECYA/School Counseling certificate) at one or more early childhood, elementary, middle, or secondary schools, as defined above?

- Yes** Complete the Candidate Employment Verification Form then **go to Step 3.**
- No** **Stop.** You are not eligible for National Board Certification.

Candidate Employment Verification Form

To complete this form, be sure to do the following:

- Fill in all information above the Principal OR District Employment Officer box.
- Sign on the signature line.
- Write your National Board ID number in the space provided.
- Be sure to record the date you applied for candidacy.
- Send the form to the personnel office of each facility for which you are verifying employment to meet the three-year teaching or school counseling requirement.
- Have each facility complete and submit the form to National Board.
- Be sure to ask for documentation of employment only as a teacher (or only as a school counselor if you applied for the ECYA/School Counseling certificate) at an early childhood, elementary, middle, or secondary school.

Each form should show the length of employment you are verifying from that facility. Do not include information on the form about employment in a nonteaching, noncounseling position (e.g., principal), or at a level outside the range of early childhood through secondary school (e.g., college or university teaching).

If you are verifying employment at an institution outside the United States, you must (1) complete and submit a Candidate Workplace Verification Form for that employer and (2) provide documentation from one of the accrediting agencies recognized by the U.S. Secretary of Education. Following are the two regional accrediting agencies that handle institutions outside the United States.

REGIONAL INSTITUTIONAL ACCREDITING AGENCIES

Middle States Commission on Higher Education

Dr. Elizabeth H. Sibolski, President
3624 Market Street
Philadelphia, PA 19104
(267) 284-5000
FAX: (215) 662-5501
E-MAIL: info@msche.org

Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities

Ralph Wolff, President and Executive Director
985 Atlantic Avenue, Suite 100
Alameda, CA 94501
(510) 748-9001
FAX: (510) 748-9797
E-MAIL: wascsr@wascsenior.org

Access http://www2.ed.gov/admins/finaid/accred/accreditation_pg6.html for a complete list. A letter on accrediting agency letterhead must be submitted that specifies the name of the school you are submitting for your employment requirement. If you have questions about employment at a facility outside the United States, please contact National Board at 1-800-22TEACH (83224).

WRITE YOUR NATIONAL BOARD ID NUMBER HERE

CANDIDATE EMPLOYMENT VERIFICATION FORM

Candidate: Write your National Board ID number in the space provided, complete the top part of this form, and give the form to your employer to complete and submit. (You may reproduce this form as needed to send to multiple employers. For every employer that is an institution outside the United States, you will also need to provide a Candidate Workplace Verification Form.) **If you worked at more than one school in the same state-supported school district, this form must be signed by a District Employment Officer.**

Principal/District Employment Officer _____
 District _____
 School Name _____
 Street Address _____
 City _____ State _____ ZIP Code _____

By my signature, I hereby authorize the National Board for Professional Teaching Standards® (National Board®) or its designated representative to verify information regarding my employment background as indicated on my application. I further authorize the above-indicated employer to release my employment information to National Board for this purpose and hereby release them from any liability related to the issuance of this information. I also represent that the information on this form is true, and I understand that if I misrepresent or falsify information on this form, National Board Certification® shall be denied or, if granted, revoked.

Signature _____ Date You Applied for Candidacy _____

Full Name (Print) _____ Maiden Name _____ Last 4 Digits of Your Social Security Number _____

Principal OR District Employment Officer: Fill in the box of the correct answer to each question. Then complete the form and submit it the email address below as soon as possible.

<p>1. Is this facility an early childhood, elementary, middle, or secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No (Return this form to the candidate. He/she is not eligible for National Board Certification.)</p> <p>2. Has the candidate been employed at your facility for at least three years as a full-time teacher (or three years as a school counselor if the candidate applied for the ECYA/School Counseling certificate) under a valid state teaching license prior to the candidate's application date as recorded on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>3. Using the chart on the back of this form as a guide, fill in the box below that corresponds to the length of full-time teaching or school counseling employment (or its equivalent) under a valid state teaching license at your school prior to the date (see above) the candidate applied for candidacy.</p> <p><input type="checkbox"/> 0.5 year <input type="checkbox"/> 1.5 years <input type="checkbox"/> 2.5 years</p> <p><input type="checkbox"/> 1.0 year <input type="checkbox"/> 2.0 years <input type="checkbox"/> 3.0+ years</p>
Signature _____	Date _____
Title _____	(_____) _____ Phone _____

Principal/District Employment Officer: Please return this completed form to the candidate.
Candidate: Refer to the **Completing and Submitting Required Forms** section of this document for instruction on how to submit this form.

INSTRUCTIONS FOR QUESTION 3

Candidates for National Board Certification (1) are required to submit verification of three years (or the equivalent) of successful teaching (or three years successfully serving as a school counselor if the candidate applied for the ECYA/School Counseling certificate) at one or more early childhood, elementary, middle, or secondary school facilities either located within the United States or at an institution accredited by one of the agencies recognized by the U.S. Secretary of Education; and (2) must have held the appropriate valid license/credential during those three years. Time spent in administrative positions, teaching or school counseling at the postsecondary level, student teaching or in teaching internships (or student practica or school counseling internships), teaching under an intern or similar license, and/or as a teacher's assistant does not count toward the requirement.

Candidates for certificate areas other than ECYA/School Counseling who have taught part time are eligible, provided that they have employment that is the equivalent of three years of teaching. Substitute teachers may count teaching time spent in long-term assignments toward the three years; substitute teaching that consists of short-term or on-call assignments does not accrue toward the three years. The three years of employment must have been completed prior to the candidate's application date as recorded on the front of this form and must have been done under a valid teaching license. Successful teaching means the candidate did not have his/her teaching license suspended or revoked during the period of employment being verified.

Candidates for ECYA/School Counseling who have served as a school counselor part time are eligible, provided that they have school counseling employment that is the equivalent of three years of full-time school counseling. The three years of employment must have been completed prior to the candidate's application date as recorded on the front of this form. Successful service as a school counselor means the candidate did not have his/her school counseling license suspended or revoked during the period of employment being verified.

Use the matrix below to determine the proper box to fill in on Question 3.

Employment Status	Years of Employment (Be certain that your calculations only include time employed under a valid teaching or school counseling license.)
Full time	Determine the number of years of employment at your facility prior to the candidate's application date, rounded to the closest half-year.
Full time, partly nonteaching or noncounseling	Multiply the number of years of employment prior to the candidate's application date by the percentage of time spent teaching or school counseling (for example, 6 years \times 50% teaching = 3 years of full-time equivalent teaching employment).
Part time	Multiply the number of years of employment prior to the candidate's application date by the percentage of time the candidate is employed (for example, 4 years \times 75% school counseling = 3 years of full-time equivalent school counseling employment).
Long-term substitute	Add up the length of the long-term teaching assignments completed at your facility prior to the candidate's application date.

If you have questions about how to complete this form, call 1-800-22TEACH (83224).

Step 3: License

You must have held a valid state teaching license (or have met the licensure requirements established by your state for a “school counselor” and held that valid license if you applied for the ECYA/School Counseling certificate) for each of the years of employment you verify in Step 2. Employment under intern or similar licensure does not meet the licensure prerequisite. In addition, your license must have been unencumbered (e.g., not suspended or revoked) during your employment as a teacher or school counselor. If you are currently teaching in a facility that requires a state-issued license, you must hold a valid license from the time of National Board Certification application and throughout your candidacy period.

If part or all of the employment you are verifying in Step 2 was served at a facility in which a state teaching license (or school counseling license if you applied for the ECYA/School Counseling certificate) was not required, you should use the Candidate Workplace Verification Form to document that employment.

Were you required by the state to have a valid teaching license (or school counseling license if you applied for the ECYA/School Counseling certificate) for the years of employment in Step 2?

Yes

Did you hold a valid teaching license (or school counseling license if you applied for the ECYA/School Counseling certificate), not an intern or similar license, for the years of employment, as required by your state?

Yes If you also meet the education and employment requirements defined in Steps 1 and 2, you are eligible to pursue National Board Certification. Go to the next section. Complete and submit the Candidate License Verification Form with a copy of your teaching license.

No **Stop.** You are not eligible for National Board Certification

No

Was the facility in which you taught for the years of employment approved by the state to operate?

Yes If you also meet the education and employment requirements defined in Steps 1 and 2, you are eligible to pursue National Board Certification. Go to the next section. Complete and submit the Candidate License Verification Form; fill out the top portion of the Candidate Workplace Verification Form and give it to your employer to complete and submit to National Board.

No **Stop.** You are not eligible for National Board Certification.

Candidate License Verification Form

To complete this form, be sure to do the following:

- Provide the correct information as instructed on the form.
- Sign on the signature line.
- Write your National Board ID number in the space provided.
- Attach a copy of your teaching or school counseling license(s).

If you are verifying employment at one or more facilities that did not require you to hold a state teaching/school counseling license/certificate, see the instructions for the Candidate Workplace Verification Form.

WRITE YOUR NATIONAL BOARD ID NUMBER HERE

CANDIDATE LICENSE VERIFICATION FORM

Candidate: Write your National Board ID number in the space provided, check the box with the correct answer to Question 1, and follow the instructions to complete the form.

1. Did you hold a valid teaching license/certificate (or school counseling license if applying for the ECYA/School Counseling certificate) for the three years of employment indicated on your Candidate Employment Verification Form(s)? Employment under an intern or similar license does not count toward the three-year requirement.
 - Yes** (Skip Question 2. Complete the rest of the form and **submit a copy of your current teaching or school counseling license with this form.**) If more than one license was held for the three years of employment indicated on your Candidate Employment Verification Form(s), submit copies of all that were applicable.
 - No** (Go to Question 2. Complete the rest of the form and submit it. You will also need to submit the Candidate Workplace Verification Form to document that you were not required to hold a valid state license (or school counseling license if you applied for the ECYA/School Counseling certificate) for all or part of the employment you are verifying.
2. A valid teaching/school counseling license/certificate was not required by my place of employment for the following reason(s):
 - Early childhood/pre-K facility
 - Private school
 - School outside the United States
 - Other _____

By my signature, I affirm that the information on this form is true and I understand that if I misrepresent or falsify information on this form, National Board Certification[®] shall be denied or, if granted, revoked; that my attached license was valid for the three years of employment listed on my Candidate Employment Verification Form; and that the copy of my teaching or school counseling license attached to this form is a true copy of the original and has not been altered in any way.

Signature	Date
Name (Print)	Last 4 Digits of Your Social Security Number
Previous Last/Maiden Name	Dates Covered by License

Candidate: Refer to the *Completing and Submitting Required Forms* section of this document for instruction on how to submit this form.

WRITE YOUR NATIONAL BOARD ID NUMBER HERE

CANDIDATE WORKPLACE VERIFICATION FORM

Candidate: Use this form only if the facility documented on your Employment Verification Form is a private school and you are not required to hold a teaching license (or school counseling license if you applied for the ECYA/School Counseling certificate), or if your employer is an institution outside the United States. Write your National Board ID number in the space provided, complete the top portion of the form, and give the form to your employer to complete and submit. (You may reproduce the form as needed to send to multiple employers.)

Name _____

School/Facility _____

Street Address _____

City _____ State _____ ZIP Code _____

Personnel Office: Check the box with the correct answer and follow the instructions. If answering “Yes,” complete and sign the form and submit it to the email address below as soon as possible.

Is your school/facility recognized and approved to operate by your state (or by one of the recognized regional accrediting agencies if it is an institution outside the United States)?

Yes Attach a copy of the appropriate state license or other official documentation from the state or agency granting permission to operate.

No Return this form to the candidate. He/she is ineligible for National Board Certification.

Signature

Name (Print)

Title

Date

(_____) _____
Phone

Personnel Office: Please return this completed form to the candidate.
Candidate: Refer to the Completing and Submitting Required Forms section of this document for instruction on how to submit this form.