

## Washington ProTeach Portfolio

### Employment Eligibility Verification Form

#### Teacher Currently Working in a State-Approved Private School, a State Agency Providing Educational Services to Children, or Unemployed

➤ To the ESD Certification Officer:

The individual named below attempted to register for the *ProTeach Portfolio* and found that OSPI records do not indicate that s/he has accumulated enough teaching experience. To correct the record using the employment information provided by the candidate listed below, please immediately log on to EDS and enter the information in ....field. After approximately five working days, the correction will be made to the *ProTeach Portfolio* eligibility records. The individual can then proceed through registration.

#### SECTION I

TO BE COMPLETED BY APPLICANT				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS			3. DATE OF BIRTH	
CITY/STATE/ZIP			4. SOCIAL SECURITY NO. (OPTIONAL)	
5. TELEPHONE: BUSINESS (        )			6. E-MAIL	
HOME (        )				

#### SECTION II

##### TO BE COMPLETE BY EMPLOYER

Based on employment records, the individual named above has achieved 1.5 years of teaching experience in no less than 2 years.

Approved by:	Date:	Date Entered into EDS:
Comments:		

## Washington ProTeach Portfolio

### Eligibility Verification Form Teacher Currently Working in a Washington State Public School

➤ To the Human Resources/Personnel Services Office of a Public School District:

The individual named below attempted to register for the *ProTeach Portfolio* and found that OSPI records do not indicate that s/he has accumulated enough certified teaching experience. If your records verify that the individual has accumulated at least 1.5 years of full-time equivalent teaching experience in no less than 2 years, please correct this information and transmit the information to the OSPI using the S275 process. Once the correction is made an electronic transmission will correct the *ProTeach Portfolio* eligibility records so the individual can proceed through registration.

#### SECTION I

TO BE COMPLETED BY APPLICANT					
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME	
2. ADDRESS				3. DATE OF BIRTH	
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)	
5. TELEPHONE: BUSINESS (        )			HOME (        )		6. E-MAIL

#### SECTION II

##### TO BE COMPLETE BY EMPLOYER

Based on employment records, the individual named above has achieved 1.5 years of teaching experience in no less than 2 years.

Approved by:	Date:	Date Entered into EDS:
Comments:		