**Teacher Standards and Practices Commission**

250 Division St. NE, Salem, OR 97301
www.oregon.gov/tspc

Contact.tsp@tspc.oregon.gov
Fax (503) 378-4448

# ***Professional Educational Experience Report (PEER) Form***

*This form must be completed by school or school district Human Resources staff to verify experience when required for licensure. Experience may be required to move to a different license type, add endorsements to a teaching license or for waiving licensure requirements.*

**Please type or print in ink.**

TSPC Account number: _____ (or Last 4 Digits of SSN)

Date of Birth: _____ /_____ /_____ Month / Day / Year **(optional)**

Name: _____ (First) _____ (Middle) _____ (Last) _____ (Maiden)

***Position held:*** ☐ Teacher ☐ Personnel Services ☐ Administrator

| Grade Level(s) | Dates Position Held | | % FTE | **Teachers**: list Subject(s). Special Education Area(s) or NCES Codes.<br>**Administrators** or **Personnel Services** positions: list job title. |
|---|---|---|---|---|
| | From MM/YYYY | To MM/YYYY | | |
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## ***Professional Development Units (PDUs - optional)***

Holders of non-provisional Oregon educator licenses are expected to complete Professional Development as part of their ongoing commitment to professional growth. Please complete this section if the applicant has completed Professional Development while employed and the school or school district awarded CEUs, PDUs or clock hours for completion of the activities.

**I hereby certify that this educator successfully completed _____ (number of) PDUs during the dates employed.**

☐ **Not applicable: The educator was not awarded credits for Professional Development completed during employment.**

## ***Signature of Superintendent or Authorized Designee***

You may choose to send this form electronically or print the form and sign it manually. If you choose electronic submission, type the name of the authorized representative of the school district into the signature line. If the form is being signed to verify experience as a superintendent, the form must be signed by an authorized representative of the school board.

_____ Signature _____ Name of HR personnel completing the form _____ Date

School or School District: _____ City and State: _____

Contact phone number: _____ Contact email address: _____

**Oregon School Districts:** if you have access to the eLicensing District Portal, you may upload this form directly to the applicant's eLicensing account.

**All others:** email this form as an attachment to contact.tspc@tspc.oregon.gov or print and mail it directly to TSPC.