Massachusetts Department of Elementary and Secondary Education

Office of Educator Licensure

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-6600

TTY: N.E.T. Relay (800) 439-2370

Verification of School Based Employment / Induction and Mentoring

Employee Information (Print):

Legal Name: _____

       (Last)   (First)   (MI)

Please provide ONE of the Following Forms of Identification: Social Security Number, MA Educator License Number, or MEPID# _____

Name of School	School District (City/town if not a district)	State	Employed as Follows: License Field, Grade Level	Employment		F.T.E. (if<1.0)
				Start Date (M/D/Y)	End Date (M/D/Y) or Present	

In accordance with MA Regulations for Educator Licensure & Preparation Program Approval 603 CMR 7.00, employee has completed: (check each applicable item)

( )   A one-year induction program with a mentor

( )   At least 50 hours of mentored experience beyond the induction year

The employment, induction program, and mentored experience verified above were successfully completed as attested by my signature in the role of (Check one):   ( ) Superintendent ( ) Principal   ( ) Head Administrator*

Name (Print) _____

Signature: _____ Date: _____

Telephone: _____ Email: _____

*Head administrator could be an Assistant Superintendent, HR Director, or a similar position in a non-public educational setting. The Department may contact the signer of this document if clarification is required.

Please note: This document can be uploaded directly into your ELAR account.

For directions, please visit www.mass.gov/ese/licensure and select the How to Use the ELAR Portal link in the left navigational bar.