



Instructions for Verification of Service for Level II Certificate – Form PDE 338 P

SECTION I: Applicant Information

(Section I is to be completed by the applicant)

1. **This form should not be given to public school entities unless requested by your PDE reviewer. Public schools should complete the electronic verification in TIMS.** Give a separate PDE 338 P form and instructions to each non-public school employer to complete. Make as many copies as needed.
2. Print or type the requested information: Last Name, First Name, Middle Initial; Pennsylvania Professional ID (PPID) available in your TIMS profile and in your application; Last name(s) used, especially if it was different at the time of employment; and current mailing address.
3. After your employer completes and returns the PDE 338 P form to you, upload a copy into your TIMS application or submit a copy with a TIMS coversheet to the Bureau of School Leadership and Teacher Quality. The address is on the coversheet.

SECTION II: School Entity Information

(Section II must be completed by the school entity - not the applicant)

1. Enter the Name of the school entity.
2. Enter the AUN of the school entity.
3. Enter the school entity's Address.
4. Enter the school entity's Designated Point of Contact.
5. Enter the Designated Contact's Title/Position.
6. Enter the Designated Contact's Email Address, Phone number and Extension in the spaces provided.

SECTION III: Professional Educator Experience

(Section III must be completed by the school entity - not the applicant)

Each assignment the applicant held must be documented on a separate line in the chart provided. For example, if the applicant was an Elementary teacher for Grade 6 for two years and then moved to a grade 5 classroom for the next three years, each assignment must have its own row in the chart provided.

1. Enter the Beginning and Ending Date of the assignment. Use the date of signing if currently employed.
2. If the assignment was a Part-Time position, enter the number of hours per day and days per week. If the assignment was a Full-Time position, do not complete this block.
3. List the Assignment, Subject Area and Grade Level(s).
4. Indicate whether the service was satisfactory by checking the 'yes' or 'no' box.

SECTION IV: Chief School Administrator Affirmation

(Section IV must be completed by the Chief School Administrator)

1. Confirm each statement by placing your initials in the box provided.
2. Sign and date the printed form. Your signature confirms your recommendation for Level II certification.
3. **Return the form to the applicant**, not to the Bureau of School Leadership and Teacher Quality.



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Submit when online approval through TIMS is not available.

Section I – Applicant Information

Last Name	First Name	Middle Initial	PA Professional ID (PPID)
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Other Last Name(s)

Current Mailing Address

Section II – School Entity Information

(to be completed by school entity)

School Entity Name	AUN (Administrative Unit Number)
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Street Address	City/State/Zip Code
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Point of Contact Name	Point of Contact Title/Position
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Point of Contact Email Address	Point of Contact Phone Number and Extension
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Section III – Professional Educator Experience

(to be completed by school entity)

Beginning Date of Assignment (mm/dd/yyyy)	Current or Ending Date <i>Do not leave blank</i>	Full Time Service?	If Part-Time Service:	Assignment and Subject Area*	Grade Level(s)	Satisfactory Service?
		Yes	Hours/Day			Yes
		No	Days/Week			No
		Yes	Hours/Day			Yes
		No	Days/Week			No
		Yes	Hours/Day			Yes
		No	Days/Week			No

* A current school board approved job description must be submitted with this form if the applicant is serving outside of their area of certification (ex. Dean of Students, Resource Room, Teen Parenting or any locally titled assignment).

Section IV – Chief School Administrator Recommendation

I affirm the applicant is known and regarded by this school entity as a person of **Good Moral Character** that possesses the personal qualities that warrant issuance of the requested certificate.

I affirm the applicant has satisfactorily completed this school entity's Pennsylvania Department of Education **Approved Induction Program** as outlined in § 49.16 of the Regulations of the State Board of Education of Pennsylvania.

I affirm the applicant completed the assignments listed in Section III and achieved a **Satisfactory Rating** on PDE Approved Evaluation Forms.

I certify that the information provided is correct and true.

Signature of Chief School Administrator

Date

Printed Name & Title

NOTE: The forms should be maintained in the employee's personnel file.