



# Mobile County PUBLIC SCHOOLS

**DIVISION OF HUMAN RESOURCES**  
**POST OFFICE BOX 180069**  
**MOBILE, AL 36618**  
**(251) 221-4500**  
[CERTIFIED@MCPSS.COM](mailto:CERTIFIED@MCPSS.COM)

## STATEMENT OF SCHOOL NURSING EXPERIENCE

**INSTRUCTIONS:** This form should be sent by the applicant to the designated personnel official who will complete and return it to Mobile County Public Schools Division of Human Resources at the above address or email address. Experience credit cannot be granted until this form has been completed and notarized or stamped with the school system's seal and received in the Division of Human Resources. **Experience approval will be contingent on verification requirements set forth by MCPSS.** By signing below, you are authorizing your former employer to furnish the information requested on this form to the Board of School Commissioners of Mobile County.

**TO BE COMPLETED BY APPLICANT:**

Name of Applicant _____	Last 4 SSN _____
(Full Legal Name)	
Signature _____	Date _____

**TO BE COMPLETED BY CURRENT AND/OR PREVIOUS EMPLOYER:**

Name of School System \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please complete all boxes for the information requested below. **Use a separate line for each school year.**

<u>Dates of Service</u> Month/Day/Year		# of Contract Days in the SY	# of Actual Days Worked in SY	Position Title	Employed Full-Time	
From	To				Yes	No

\*Credit shall be given only for satisfactory full-time public school nursing experience for which full pay was received and for which a valid nursing certificate was held by the applicant.

1. Is this a public school? \_\_\_\_\_ private/parochial school? \_\_\_\_\_ public college/university? \_\_\_\_\_

I certify that all information pertaining to the above is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Superintendent/Authorized Official** Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**My Commission Expires** **Seal and Signature of Notary Public**

**To be used for additional years of service:**

<b>Dates of Service Month/Day/Year</b>		<b># of Contract Days in the SY</b>	<b># of Actual Days Worked in SY</b>	<b>Position Title</b>	<b>Employed Full-Time</b>	
<b>From</b>	<b>To</b>				<b>Yes</b>	<b>No</b>

**Experience Credit is given as follows:**

1. The nurse shall be responsible for furnishing proof to establish experience credit. Forms shall be furnished by the Division of Human Resources.
2. Credit shall be given only for satisfactory full-time public school nursing experience in-field for which full pay was received and for which a valid certificate was held by the applicant.
3. Credit shall not be given for less than a full semester’s nursing. Fractional parts of a semester shall not be added to give a semester’s credit.
4. Credit shall be given for nursing in a public college/university provided the nurse and the administrator under whom he/she served were eligible for professional certificates in the state where the school is located.

**FOR COLLEGE EXPERIENCE**

1. Name of the administrator during period of employment verified:  
\_\_\_\_\_
2. Type of nursing certificate the administrator held during the period of employment verified:  
\_\_\_\_\_
3. Type of nursing certificate for which he/she was eligible:  
\_\_\_\_\_
4. Type of nursing certificate for which the applicant was eligible during period of employment verified:  
\_\_\_\_\_