

PROFESSIONAL EXPERIENCE

EMPLOYMENT

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach a separate sheet if needed. Your application will not be reviewed by the Board until all Form 4A's for employers listed below have been received.

ENDORSER #	FIRM NAME	OF ENDORSER NAME	DATE/END DATE	CLAIMED (YRS/MOS)
1	_____	_____	BEGIN / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr. TIME	____ ____ Years Months
2	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
3	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
4	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
5	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
6	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
7	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
8	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
9	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
10	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months
11	_____	_____	____ / ____ / ____ to ____ / ____ / ____ Mo. Day Yr. Mo. Day Yr.	____ ____ Years Months

(NOTE: Total time claimed cannot exceed calendar time.)

TOTAL TIME CLAIMED = ____ | ____
Yrs. Mos.

Send This Form
To:

New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. **DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**