



# Teacher Standards and Practices Commission

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[www.oregon.gov/tspc](http://www.oregon.gov/tspc)

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

*This form is to be filled out by school district personnel to verify experience for renewals, adding endorsements, or moving to a new license. Please type or print in ink.*

TSPC Account number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year (optional)

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

**Position held:**       Teacher       Personnel Services       Administrator  
If the educator is applying to renew any of the above three categories, fill out all four columns below

Grade Level	Dates Position Held From      To	No. of Periods/or % of FTE	Teachers: list Subject or Special Education Area(s) or NCES Codes. Administrators or Personnel Services positions: list job title.

### **Restricted Substitute Experience**

You must verify the total number of FTE school days taught for each school year. For example, "47.5 FTE days" for "School Year: "09 –10." At this time, you do not need to submit this form for other substitute teachers.

	School Year ____ - ____	School Year ____ - ____	School Year ____ - ____
Total FTE days per year			

### **Professional Development Units (PDUs)**

Oregon Administrative Rule requires that all educators must complete professional development units (PDUs).

**Substitute Teacher License must complete 30 PDUs.**

**Full three year licenses must complete 75 PDUs**

**Full five year licenses must complete 125 PDUs.**

For more information regarding PDUs please visit our website: [www.oregon.gov/tspc](http://www.oregon.gov/tspc)

**I hereby certify that this educator successfully completed the PDUs required for renewal.**

YES Amount of PDUs completed \_\_\_\_\_       NO       Not applicable

### **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      School District      City and State      Date  
HR personnel completing the form: \_\_\_\_\_ Contact phone number: \_\_\_\_\_ Ext: \_\_\_\_\_

**electronically OR return this form to educator in a sealed envelope OR mail directly to TSPC.**