

VERIFICATION OF EXPERIENCE

If experience is a requirement for your credential, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is appropriate for the issuance of this credential. If you have served in more than one type of position for a single employer, have a separate form completed for each position that you held.

❖ *Do not mail this form directly to the Commission separate from the application.*

This is to certify that: _____
(Name of Applicant)

has served from: _____ to _____
(Month/Year) (Month/Year)

in the position of: (check one)

- | | |
|---|---|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Education Specialist | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Resource Specialist | <input type="checkbox"/> Other (specify): _____ |

in the following grade or level: _____

in the area or subject of: _____

- Full-time
- Part-time (specify): _____ hours/day _____ days/week
- Day-to-Day Substitute

School/Agency: _____

Address: _____

Telephone Number: _____

Verified by: _____
(Signature)

Name: _____

Title: _____

Date: _____