



## VERIFICATION OF EXPERIENCE

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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 more than one term of employment for a single employer, indicate in the additional section below. If you have served in more than one type of position (e.g both teacher and counselor) 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)*

and \_\_\_\_\_ 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: \_\_\_\_\_