

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 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	t:			
		(Name of	Applicant)	
has served successfully from:(Month			to	
		Month/Year)		(Month/Year)
in the position of: (Check one)	 Teacher Education Spec Resource Spec Administrator Counselor Other (specify) 	ialist		
in the following grad	de or level:			
in the area or subjec	t of:			
□ Full-time				
□ Part-time (specify):		hours/day		days/week
Day-to-Day Sub	stitute			
School/Agency:				
Address:				
Telephone Number:				
Verified by:		(Signature)	
Name:				
11tle:				
Date:				