



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



VERIFICATION FOR CAREER AND TECHNICAL EDUCATOR WORK EXPERIENCE

EDUCATOR EFFECTIVENESS DEPARTMENT

Instructions: Please print or type. The educator will complete Part I. The applicant's employer will complete Part II. The Regional Office of Education (ROE) or Chicago Public Schools (CPS) must email this form to licensureforms@isbe.net. Forms emailed by the educator will not be accepted.

PART I – TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME (Last, First, Middle, Maiden)	BIRTHDATE (mm/dd/yyyy)	EMAIL
ADDRESS (Street, City, State, ZIP Code)	TELEPHONE (Include Area Code)	IEIN
NAME OF EMPLOYER	SUPERVISOR NAME	
ADDRESS (Street, City, State, ZIP Code)	TELEPHONE (Include Area Code)	

PROGRAM TITLE WITH CLASSIFICATION OF INSTRUCTIONAL PROGRAM OR CIP

PART II - TO BE COMPLETED ONLY BY THE EMPLOYER

Work Experience Verification: Please verify the above-named applicant was employed and provide information regarding the applicant's skillset and hours performed per skill. Please request that the ROE or CPS email this completed form to the applicant's skillset and hours performed per skill. Please request that the ROE or CPS e-mail this completed form to licensureforms@isbe.net. Forms returned to the applicant will not be honored.

Dates of Employment: From: _____ To: _____

Applicant's Official Job Description: _____

Skills/Responsibilities	Hours Performed

*If additional space is needed, you may attach a separate sheet on company letterhead following the same format.

NAME OF AUTHORIZED CONTACT	TITLE	
EMAIL	TELEPHONE (Include Area Code)	FAX (Include Area Code)

I do hereby certify that the information provided on this form is true, accurate, and complete.

_____ Date

_____ Digital or Original Signature of Authorized Contact