



Illinois State Board of Education

100 North First Street, Springfield, Illinois 62777-0001



Verification for Career and Technical Educator Work Experience

EDUCATOR EFFECTIVENESS DIVISION

Instructions: Please print or type. The educator will complete Part I. Part II will need to be completed by the applicant's employer. The ROE or CPS must email this form to licensureforms@isbe.net. Forms e-mailed 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)	E-MAIL
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)	

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 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 EMPLOYER	TITLE	
E-Mail	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

_____ Original Signature of Employer