



Illinois State Board of Education

100 North First Street, Springfield, Illinois 62777-0001



Verification for Career and Technical Educator Work Experience (Notarized)

EDUCATOR EFFECTIVENESS DIVISION

Instructions: Please print or type. The educator will complete Part I and Part II. This form must be signed and notarized to be valid for submission. The ROE or 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)	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 - EMPLOYMENT INFORMATION BY APPLICANT - EMPLOYER/SUPERVISOR NO LONGER AVAILABLE

Work Experience Verification: Please verify evidence of work experience for the employer listed above regarding your skillset and hours performed per skill. Please request that the ROE or CPS e-mail this completed form to licensureforms@isbe.net.

Dates of Employment: From: _____ To: _____

Applicant's Official Job Description: _____

PROGRAM TITLE WITH CLASSIFICATION OF INSTRUCTIONAL PROGRAM or CIP: _____

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 Applicant

_____ Date	Notary Stamp
_____ Printed Name of Notary Public	_____ Original Signature of Notary Public