



District Verification Form

Career Development Program

This form is for an applicant applying for a provisional or standard certificate through the Career Development Program. A school official (e.g., HR, principal) from an accredited district must verify classroom experience.

»» A: THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name: _____
Last First Middle Maiden

Social Security Number:

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»» B: THIS SECTION TO BE COMPLETED BY AN ACCREDITED SCHOOL DISTRICT

I, _____, can confirm the following employment history for the educator above:
(School Official's Name)

School Year	# of Days Worked (full time days completed)	Position (e.g. math teacher, paraprofessional)	Grade(s) Served	(Select One) General Education OR Special Education
				General Ed. OR Special Ed.
				General Ed. OR Special Ed.
				General Ed. OR Special Ed.
				General Ed. OR Special Ed.
				General Ed. OR Special Ed.
				General Ed. OR Special Ed.

Print Name Title Signature Date
(School Official)

School District (and State if not OK) Phone Number Email Address

»» C: THIS SECTION TO BE COMPLETED BY AN ACCREDITED SCHOOL DISTRICT (STANDARD APP ONLY)

(This section is only to be used for an applicant holding a provisional certificate who is applying for standard certification.)

☐ By checking this box, I am confirming that the educator listed above taught **successfully** as a classroom teacher for at least one full school year while certified.

School Official's Signature