



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)	Position	Grade(s) Served	(Select One) General Education OR Special Education
				General Ed. <input type="radio"/> OR Special Ed. <input type="radio"/>
				General Ed. <input type="radio"/> OR Special Ed. <input type="radio"/>
				General Ed. <input type="radio"/> OR Special Ed. <input type="radio"/>
				General Ed. <input type="radio"/> OR Special Ed. <input type="radio"/>
				General Ed. <input type="radio"/> OR Special Ed. <input type="radio"/>
				General Ed. <input type="radio"/> OR Special Ed. <input type="radio"/>

Print Name
(School Official)

Title

Signature
(School Official)

Date

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 the educator listed above taught **successfully** as a classroom teacher for at least one full school year while provisionally certified.

School Official's Signature