



State Of California
 California Commission On Teacher Credentialing
 Box 944270
 1900 Capitol Avenue
 Sacramento, CA 94244-2700

Telephone:
 (916) 445-7254 or (888) 921-2682
 E-mail: credentials@ctc.ca.gov
 Web site: www.ctc.ca.gov

VERIFICATION OF EXPERIENCE

If experience is a requirement for your credential, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is appropriate for the issuance of this credential. If you have served in more than one position for a single employer, have a separate form completed for each position that you held.

► *Do not mail this form directly to the Commission separate from the application.*

This is to certify that: _____
(Name of Applicant)

has served satisfactorily from: _____ to _____
(Month/Year) *(Month/Year)*

in the position of: _____
 (Check one) Teacher
 Education Specialist
 Resource Specialist
 Administrator
 Counselor
 Other (specify): _____

in the following grade or level: _____

in the area or subject of: _____

Full-time
 Part-time (specify): _____ hours/day _____ days/week
 Day-to-Day Substitute

School/Agency: _____

Address: _____

Telephone Number: _____

Verified by: _____
(Signature)

Name: _____

Title: _____

Date: _____