



**Verification of Career and Technical Education
(CTE) Occupational Experience
Arizona Department of Education – Certification Unit**

Section 1: General Information and Instructions

This form is used to verify occupational experience needed to qualify for a Career and Technical Education (CTE) certificate.

Instructions for the Certification Applicant

Step 1: Review the requirements for the Career and Technical Education (CTE), K-12 Requirement Information to determine if you qualify.

- Note: Except for the CTE Education and Training, or early childhood teaching to qualify for the CTE Family and Consumer Sciences certificate, teaching experience is not used towards the occupational experience requirement.
- **The Certification Unit will not accept verifications that are submitted by the applicant.**

Step 2: Complete Section 2: Applicant Request below and forward this form to one of the following verifying authorities:

- **Option 1 – HR Administrator.** A human resources administrator responsible for verifying employment for the organization where you worked.
- **Option 2 – Supervisor.** The current or former supervisor who oversaw your work. **Note:** If you are using experience within a district or charter school you must have experience verified by an HR administrator or superintendent.
- **Option 3 – Current Superintendent.** If you are unable to obtain verification from an HR Administrator or supervisor, your work experience may be verified by a **current** district or charter school superintendent who has reviewed W2s or other verification of employment.

Instructions for the HR Administrator, Supervisor, or Superintendent

Step 1: Complete Section 3: Employment Verification.

Step 2: Save the completed verification as a PDF and forward the form **directly** to Certification@azed.gov. If possible, **please email the form from your business email address.** **Note: The Certification Unit will not accept verifications that are submitted by the applicant.**

Section 2: Applicant Request for Employment Verification

Certification Applicant Information

First Name	Last Name	Educator ID # or Last 4 of SSN
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I hereby request verification of my employment with your organization. I authorize you to provide information on my position/title, job description, dates of employment, and hours of employment. I request that this information be sent directly from the business email to Certification@azed.gov.

Applicant Signature

Date



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Section 3: Work Experience Verification

IMPORTANT NOTE: ALL PARTS OF THIS SECTION MUST BE COMPLETED BY AN HR ADMINISTRATOR, THE APPLICANT’S CURRENT OR FORMER SUPERVISOR, OR A CURRENT PUBLIC-SCHOOL SUPERINTENDENT.

Employee/Applicant Information		
First Name:	Last Name:	Educator ID # or Last 4 digits of SSN
Business Information		
Name of Business or Organization:		Location (City and State):
Employee/Applicant’s Position Information		
Job Title:		
Employment Dates:		
Start Date (MM/YYYY):		End Date: (MM/YYYY):
Total hours worked in this position:	Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Description of Job Duties:		
Verifier Information		
Name of Verifier:		Title:
Contact Phone Number:	Email:	

I certify the above information to be true and correct.

Signature

Date

Please email the completed form directly to the ADE Certification Unit at Certification@azed.gov .