



Verification of Experience for Career and Technical Education (CTE) Certificates

Arizona Department of Education – Certification Unit

General Information

This form is used to verify that an applicant has work experience related to an approved CTE occupational area. CTE Certification applicants may **not** verify their own work experience.

This form must be completed by **one** of the following:

- A **supervisor or human resources specialist** from the business where the applicant was/is employed.
Note: If the applicant was or is employed by a school district or charter school, the work experience must be verified by a superintendent or personnel director; **or**
- A **business partner, accountant, or attorney**, if the applicant was self-employed; **or**
- A **current public-school superintendent** may verify work experience outside of the school/district if the applicant was self-employed or unable to obtain verification of work experience from a former employer.

Instructions for the Applicant

Step 1: Forward this Verification of Experience form to your current or former employer, or other individual approved to verify CTE experience, with a request that they verify your experience and return the completed form to you.

Step 2: Submit the completed verification form with your Application for Certification and other required documents.

Instructions for the Individual Verifying Work Experience

Step 1: Complete the Verification of Experience for CTE Certificates on the next page.

Step 2: Sign and date the form and provide your contact information.

Step 3: Give the completed, signed form to the CTE Certification applicant.



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Applicant Information

First Name:	Last Name:	Public Educator ID or Last 4 digits of SSN:
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Work Experience Information

Name of Business:	Location of Business (City and State):
Dates of Employment:	
Start Date (MM/YYYY):	End Date (MM/YYYY):
Total hours of employment:	Was the applicant a full-time employee? (Check one) Yes No
Position Held:	Job Title:
Description of Work Performed:	

I certify the above information to be true and correct.

Signature	Date
Print/Type Name	Contact Phone
Title	Email