



# 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.



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

Arizona Department of Education – Certification Unit

## Applicant Information

<b>First Name:</b>	<b>Last Name:</b>	<b>Public Educator ID or Last 4 digits of SSN:</b>
--------------------	-------------------	--

## Work Experience Information

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

I certify the above information to be true and correct.

<b>Signature</b>	<b>Date</b>
<b>Print/Type Name</b>	<b>Contact Phone</b>
<b>Title</b>	<b>Email</b>