

# VERIFICATION OF EXPERIENCE

DISTRICT INFORMATION	<u>John Doe</u> <small>Superintendent</small>	<u>CUSD #012</u> <small>School District</small>
	<u>123 Any Street, Anytown, IL 00000</u> <small>District Address (Street, City, State, Zip)</small>	
	<u>217-012-3456</u> <small>District Phone (Please include area code)</small>	<u>217-789-0123</u> <small>District Fax (Please include area code)</small>

STUDENT INFORMATION	<u>Mary Jane Smith</u> <small>(First, Middle, Last Name)</small>	<u>012-34-5678</u> <small>Student Social Security Number</small>
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TYPE OF APPLICATION	<input checked="" type="checkbox"/> <small>General Administrative Certificate (Type 75)</small>	<input type="checkbox"/> <small>Superintendent's Endorsement</small>
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EXPERIENCE VERIFICATION	This is to verify that the individual listed above has completed <u>4</u> years of full-time experience in our school district. This individual has been employed in a certified position as: (check all that apply)	
	<input checked="" type="checkbox"/> Full-time teacher <u>2</u> Number of years	Original papers
	<input checked="" type="checkbox"/> Full-time School Service Personnel (check all that apply)	
	<input type="checkbox"/> Counselor      _____ Number of years	
	<input checked="" type="checkbox"/> Psychologist <u>2</u> Number of years	
	<input type="checkbox"/> Social Worker      _____ Number of years	
	<input type="checkbox"/> Nurse      _____ Number of years	
	<input type="checkbox"/> Media Professional      _____ Number of years	
	<input type="checkbox"/> Full-time Administrator in possession of a Type 75 Certificate      _____ Number of years	

SUPERINTENDENT SIGNATURE	<u>John Doe</u> <small>Signature of Superintendent</small>	<u>1-28-2010</u> <small>Date</small>
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MAIL FORM TO	Dr. John Dively, Department Chair, Department of Educational Leadership, Eastern Illinois University, 2320 Buzzard Hall, 600 Lincoln Avenue, Charleston, IL 61920  For Questions or Information, please call 217-581-2919
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