

# Verification of Experience

Example  
Supt. Endorsement

TO: Dr. John Dively, Department Chair  
Department of Educational Leadership  
Eastern Illinois University  
2320 Buzzard Hall  
600 Lincoln Avenue  
Charleston, IL 61920

FROM: John Doe  
Superintendent

CUSD # 0  
School District

123 Any Street, Anytown, IL 00000  
District Address (Street, City, State, Zip)

217-012-3456  
District Phone (Please include area code)

RE: Mary Smith  
Educational Administration Student

012-34-5678  
Student Social Security Number

Application for: (check one)

General Administrative Certificate (Type 75)

Superintendent's Endorsement

This letter is to verify that the individual listed above has completed 4 years of full-time experience in our school district. This individual has been employed in a certified position as: (check all that apply)

Full-time teacher  Number of years

Full-time School Service Personnel (check all that apply)

<input type="checkbox"/> Counselor	<input type="checkbox"/> number of years
<input type="checkbox"/> Psychologist	<input type="checkbox"/> number of years
<input type="checkbox"/> Social Worker	<input type="checkbox"/> number of years
<input type="checkbox"/> Nurse	<input type="checkbox"/> number of years
<input type="checkbox"/> Media Professional	<input type="checkbox"/> number of years

Full-time Administrator in possession of a Type 75 Certificate 4 number of years

Signature of Superintendent John Doe

Date 8-19-2009