

Verification of Experience

Example
Type 75

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 CUSD#0
Superintendent School District
123 Any Street, Anytown, IL 00000
District Address (Street, City, State, Zip)
217-000-0000
District Phone (Please include area code)

RE: Mary Smith 012-34-5678
Educational Administration Student 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 15 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 10 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 checked="" type="checkbox"/> Social Worker	<u>5</u> 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 number of years

Signature of Superintendent John Doe

Date 8-19-2009