



State Of California
 California Commission On Teacher Credentialing
 Box 944270
 1900 Capitol Avenue
 Sacramento, CA 94244-2700

Telephone:
 (916) 445-7254 or (888) 921-2682
 E-mail: credentials@ctc.ca.gov
 Web site: www.ctc.ca.gov

VERIFICATION OF EXPERIENCE

If experience is a requirement for your credential, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is appropriate for the issuance of this credential. If you have served in more than one position for a single employer, have a separate form completed for each position that you held.

► Do not mail this form directly to the Commission separate from the application.

This is to certify that: _____
 (Name of Applicant)

has served satisfactorily from: _____ to _____
 (Month/Year) (Month/Year)

in the position of: _____
 (Teacher, Counselor, Resource Specialist, Principal, etc.)

in the following grade or level: _____

in area or subject of: _____

Full time

Part time: _____ hours/day _____ days/week

Day-to-day Substitute

School/agency: _____

Address: _____

Telephone number: _____

Verified by: _____
 (Signature)

Name: _____

Title: _____

Date: _____