



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



VERIFICATION FOR CAREER AND TECHNICAL EDUCATOR WORK EXPERIENCE (NOTARIZED)

EDUCATOR EFFECTIVENESS DEPARTMENT

Instructions: Please print or type. The educator will complete Part I and Part II. This form must be signed and notarized to be valid for submission. The Regional Office of Education (ROE) or Chicago Public Schools (CPS) must email this form to licensureforms@isbe.net. Forms emailed by the educator will not be accepted.

PART I – TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME (Last, First, Middle, Maiden)		BIRTHDATE (mm/dd/yyyy)	EMAIL
ADDRESS (Street, City, State, ZIP Code)		TELEPHONE (Include Area Code)	IEIN
NAME OF EMPLOYER	SUPERVISOR NAME	EMAIL	
ADDRESS (Street, City, State, ZIP Code)		TELEPHONE (Include Area Code)	
PROGRAM TITLE WITH CLASSIFICATION OF INSTRUCTIONAL PROGRAM OR CIP			

PART II - EMPLOYMENT INFORMATION BY APPLICANT - EMPLOYER/SUPERVISOR NO LONGER AVAILABLE

Work Experience Verification: Please verify evidence of work experience for the employer listed above regarding your skillset and hours performed per skill. Please request that the ROE or CPS email this completed form to licensureforms@isbe.net.

Dates of Employment: From: _____ To: _____

Applicant's Official Job Description: _____

Skills/Responsibilities	Hours Performed

*If additional space is needed, you may attach a separate sheet on company letterhead following the same format.

I do hereby certify that the information provided on this form is true, accurate, and complete.

Date

Digital or Original Signature of Authorized Contact

<p>_____ Date</p>	<p>Notary Stamp</p>
<p>_____ Printed Name of Notary Public</p>	<p>_____ Original Signature of Notary Public</p>