



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: \_\_\_\_\_