

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Office of Teaching Initiatives
 89 Washington Avenue, Room 5N EB, Albany, New York, 12234
www.highered.nysed.gov/tcert

Verification of Employment when Previous Employer is no Longer Reachable

This form should be used ONLY when verification of occupational (non-teaching) employment for Career and Technical Education certification cannot be directly obtained as required because a previous employer no longer exists, has been taken over by another company, or the employer has restrictions on verifying past employment.

All supporting documentation, including this form, should be sent to otexpverif@nysed.gov "ATTN: Career and Technical Experience" or via the postal mail to the address listed at the top of this form.

Instructions for the applicant:

Step 1: Fill out Sections 1 and 2.

Step 2: Fill out Section 3 and sign attestation.

Step 3: Submit IRS tax forms to verify up to four years of experience with the business that is now closed. (Acceptable tax forms: W-2, 1040, Schedule C, or similar. Unacceptable forms: articles of incorporation or LLC certifications)

Section 1: Certificate Applicant Information		
First Name:	Last Name:	Middle Initial:
Date of Birth: ____/____/____ (mm/dd/yyyy)	Last 4 Digits of Social Security Number:	
Section 2: Description of Occupational Work Experience		
Name of Employer where you obtained Occupational Experience:		
Address of employer (street address, city, state, zip code):		
Title of position held with Employer:		
Please provide the TOTAL number of full-time days worked in the time frame provided. For part-time employment, and for evaluation and computational purposes, a full-time day is considered equivalent to 7.5 hours. Please note that the end date of the work experience must be on or before today's date and cannot be listed as "to present". Future dates on the form and incomplete forms will not be accepted.		
<input type="checkbox"/> Full-time: From: ____/____/____ (mm/dd/yyyy) To: ____/____/____ (mm/dd/yyyy) Number of days: _____		
<input type="checkbox"/> Part-time: From: ____/____/____ (mm/dd/yyyy) To: ____/____/____ (mm/dd/yyyy) Number of days: _____		

In the space provided below, please write a detailed description of the job duties of the position you held. If more space is necessary, you can also provide this information as a separate attachment to this form and include "please see attached" in the space provided below. Additionally, please include your name, date of birth and last four of your SSN on any additional attachments.

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Section 3: Attestation of Occupational Work Experience	
I verify the above information regarding my work experience is accurate and that I am unable to contact my former employer due to the business being closed or assumed by another company.	
Printed name:	
Signature:	Today's Date:
Email:	Phone Number: