

**Verification of Occupational Work Experience Form:
 Career and Technical Education (CTE) Teacher Certification**

This form must be signed and sent **by one of the following individuals who can verify the work experience** of the certificate applicant: supervisor or higher position title, human resources department official, or other appropriate organization official; NYC DOE SVA Director (New York City only); or the certificate applicant (self-employed experience only).

- **Instructions for the CTE certificate applicant:** Please complete Sections I and II. Then, give the form to one of the above individuals to complete Section III. The individual verifying the work experience must submit the completed form. **Separate forms must be completed for different work experiences.**
 - For **self-employed work experience only**, certificate applicants must also:
 - Send an IRS Schedule C for up to four years of claimed self-employment, depending on the application pathway/option, to tcert@nysed.gov with the subject line "Attn: CTE" or to the above mailing address, **OR**
 - Have two key associates (e.g., accountant, attorney, officer of a supply company) write letters of recommendation and send the letters to the Office of Teaching Initiatives (OTI) at tcert@nysed.gov with the subject line "Attn: CTE" or to the above mailing address. Letters from the certificate applicants' customers, employees, or family members are not acceptable. Please see the [OTI webpage](#) to review the requirements related to the letters.
- **Instructions for the individual verifying the work experience:** Please complete III. The form must be submitted to the Office of Teaching Initiatives **by the employer, hiring organization, or certificate applicant (self-employed experience only)** via email to otixpverif@nysed.gov with "Attn: CTE" in the subject line or through mail to the above mailing address.

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.

Section I: Certificate applicant information		
First Name:	Last Name:	Middle Initial:
Date of Birth: ____/____/____ (mm/dd/yyyy)	Last 4 Digits of Social Security Number: ____ ____ ____ ____	
Section II: Description of position		
Name of previous or current employer or hiring organization: _____		
Address of employer or hiring organization (street address, city, state, zip code): _____		
Position title: _____		
<input type="checkbox"/> Full-time: Total number of full-time days worked (not days per week or hours per week): _____ From: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy) For volunteer occupational work experience only , certificate applicants must have held an acceptable industry related credential or had passed an acceptable industry related exam during their volunteer experience, where applicable.		
<input type="checkbox"/> Part-time: Total number of full-time equivalent days worked (not days per week or hours per week): _____ From: ____ / ____ / ____ (mm/dd/yyyy) to: ____ / ____ / ____ (mm/dd/yyyy) For evaluation and computational purposes, a day is considered equivalent to 7.5 hours for occupational work experience. For volunteer occupational work experience only , certificate applicants must have held an acceptable industry-related credential or had passed an acceptable industry related exam during their volunteer experience, where applicable.		

Describe the duties and responsibilities of the position. Provide sufficient detail to demonstrate that you have expertise in the occupational field of the position.

Section III: Attestation of occupational work experience

I verify that the above information regarding the certificate applicant listed in Sections I and II is accurate and that I am/was a supervisor or higher position title, human resources department official, or other appropriate organization official; NYC DOE SVA Director (New York City only); or the certificate applicant (self-employed experience only) while the certificate applicant was employed or hired by my organization.

Printed name:

Signature:

Today's Date: ____ / ____ / ____ (mm/dd/yyyy)

Position title:

Relationship to the certificate applicant while the applicant was employed or hired by the organization:

Email: _____ Phone Number: (____) ____ - _____

The form must be submitted **by the employer, hiring organization, or the certificate applicant (for self-employed experience only)** via email to otexpverif@nysed.gov with "Attn: Career and Technical Education Experience" in the subject line or through mail to the above mailing address. (11/2018)