

## Verification of Occupational Work Experience for Career and Technical Education (CTE) Teacher

**Instructions for the CTE certificate applicant:** Please complete **Sections 1 and 2**. Then, give the form to your employer(s) who can verify your Occupational Work Experience. Please Note- if you have multiple employers that will be verifying your Occupational Work Experience, **separate forms must be completed for each employer**. Additional guidance on completing this form can be found at the following link: <https://www.highered.nysed.gov/tcert/certificate/cte/occupational-experience.html>

**Instructions for the Employer verifying work experience:** Please review the information in Sections 1 and 2 and then complete **Section 3**. The completed form must be submitted to the Office of Teaching Initiatives **by the employer** via email to [otixpverif@nysed.gov](mailto:otixpverif@nysed.gov) with “**Attn: Career and Technical Education Experience**” in the subject line or through mail to the address listed at the top this form.

**Instructions for Verification of Self-employed work experience:** For verification of self-employment, you must provide **One** of the following:

**-Two letters of Reference-** Have two key associates (e.g., accountant, attorney, officer of a supply company) write letters of reference on your behalf which attest to and provide details of your Occupational Work Experience. These letters should be sent directly to the Office of Teaching Initiatives (OTI) by the associate at [tcert@nysed.gov](mailto:tcert@nysed.gov) with the subject line “**Attn: Career and Technical Education Experience**” or to the above mailing address. **Letters from former customers, employees, or family members are not acceptable to meet this requirement.**

**-OR-** if the above is not available, submit IRS Schedule C or similar tax forms to verify up to four years of claimed self-employment in the Occupational area you wish to be certified. This documentation should be submitted via email to [otixpverif@nysed.gov](mailto:otixpverif@nysed.gov) with “**Attn: Career and Technical Education Experience**” in the subject line or through mail to the address listed at the top this form.

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 or hiring organization (street address, city, state, zip code):		
Title of position held with Employer:		
Please provide the total number of days worked for the time frame provided ( <b>DO NOT list hours or number of days worked per week, ONLY the total number of full-time/full-time equivalent days worked.</b> ) 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"/> <b>Full-time:</b> From: ____/____/____ (mm/dd/yyyy) To: ____/____/____ (mm/dd/yyyy) Number of days: _____		
<input type="checkbox"/> <b>Part-time:</b> 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.

**This form must be signed and sent by one of the following individuals who can verify your work experience: supervisor or higher position title, human resources department official, NYC DOE SVA Director (New York City only); or if verifying self-employment, you would sign the form otherwise it must be signed by one of the above.** The form must be submitted via email to [otixpverif@nysed.gov](mailto:otixpverif@nysed.gov) with “**Attn: Career and Technical Education Experience**” in the subject line or through mail to the address listed at the top this form.

Section 3: 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:
Position title:	
Relationship to the certificate applicant while the applicant was employed:	
Email:	Phone Number: