

Please have your experience verified by your current and/or previous employer using this form. Experience must be verified by one of the following: Superintendent, Assistant Superintendent, Director of Personnel, Director of Human Resources or personnel in a similar position. You only need to verify experience that is appropriate for the issuance of your credential. School/District personnel other than applicant must verify all experience.

Alternatively, experience may be verified on the district or employing agency letterhead and signed by the Superintendent, Assistant Superintendent, Director of Personnel, Director of Human Resources, or personnel in a similar position.

The completed form OR verification on district/employer letterhead may be submitted by emailing to: apply@umassglobal.edu

This is to verify that: _____
(Name of Applicant)

Has been employed from: _____ to _____
(MM/YYYY) (MM/YYYY)

In the position of (*check one*):

| | | | |
|--------------------------|----------------------|--------------------------|------------------|
| <input type="checkbox"/> | Teacher | <input type="checkbox"/> | Administrator |
| <input type="checkbox"/> | Education Specialist | <input type="checkbox"/> | Counselor |
| <input type="checkbox"/> | Resource Specialist | <input type="checkbox"/> | Other (specify): |

In the following grade or level: _____

In the area or subject of: _____

| | |
|--------------------------|--|
| <input type="checkbox"/> | Full-Time |
| <input type="checkbox"/> | Part-Time (specify): _____ hours/day _____ days/week |
| <input type="checkbox"/> | Day-to-Day Substitute |

School/District Name: _____

Address: _____

Telephone Number: _____

Digital Signature of Verifier: _____

Title of Verifier: _____ Date: _____