

Teaching Experience Verification Form (EVF)

This is not the Head Teacher application– See steps below

Individuals applying to be a licensing approved Head Teacher for a licensed center or group home must meet education AND experience requirements. Use this form to document your teaching experience for your application.

Steps:

1. Upload this fully completed form, the related job description in your OEC Registry account (under Standard Documents) and your education qualifications. Be sure all fields are completed and include signatures (**hard signature or DocuSign**).
2. When all of your documents have been verified, apply via your OEC Registry account under My Role Applications.

Your legal name:	
Your Registry ID # (9 digits starting with 100):	
Your phone #:	Your email address:
The undersigned affirms that the information provided on this form is true, accurate and complete under penalties of false statement pursuant to Conn. Gen. Stat. section 53a-157b.	
Your signature (do not type):	Date:

Fill-in this information about the program where you earned/are earning teaching experience. Use one form per job and role.

Program legal name:		
Program license status: <input type="checkbox"/> license exempt <input type="checkbox"/> licensed If licensed: license #:		
Program address:		
Program city and state:		Program zip code:
Your job title at the program during teaching experience :		
Teaching role: Start date	End date (today's date if still in role)	Total # weeks
# hours directly teaching per day:	# days directly teaching per week	
Total # hours represented above (multiply hours by days by weeks):		
Ages of children you taught at this program: youngest to oldest		
Ages of children taught at entire program: youngest to oldest		
REQUIRED: Attach the job description for this role at this program. Check here to indicate attachment: <input type="checkbox"/>		

Supervisor information and attestation; must be signed AFTER all sections above are completed.

Supervisor is defined as the person to whom the applicant reported during the timeframe noted above.

Teaching experience supervisor's legal name:	
Teaching experience supervisor's role in relation to applicant:	
Teaching experience supervisor's address:	
Teaching experience supervisor's city and state, zip code:	
Teaching experience supervisor's phone #:	
Teaching experience supervisor's email address:	
I attest to this person's teaching experience and timeframe as stated above: _____ (initial to verify: do not type)	
I attest to this person having the personal qualities necessary to care for and work with children, relate to adults, relate to parents, and supervise people 19a-79-4a(c)(3), (d)(2) and 19a-79-11(f)(2) _____ (initial to verify: do not type)	
The undersigned affirms that the information provided on this form is true, accurate and complete under penalties of false statement pursuant to Conn. Gen. Stat. section 53a-157b.	
Supervisor's signature (do not type):	Date:

This form is valid for 30 days from Supervisor's signature.