

STATE OF



DELAWARE

DELAWARE STATE DEPARTMENT OF EDUCATION

Licensure/Certification

35 Commerce Way, Suite #1

Dover, DE 19904

(302) 857-3388

(FORM E/NT-R03) VERIFICATION OF NON-TEACHING EXPERIENCE

FAXED COPIES WILL NOT BE ACCEPTED

Instructions: The applicant should complete the form and send a separate form to each former employer for verification with an addressed, stamped envelope for return to the above address. (This Form Can Be Reproduced)

Name Last First Middle Maiden

Address Street or P.O. Box City State Zip Code

I was employed in a non-teaching position with a daily assignment as entered below (full-time work, 7 1/2 hours or more per day, 5 days per week).

Table with 6 columns: Employment: Start Date, Employment: End Date, Employer, Total Hrs. Per Day/Wk, Work Assignment Description, Total Months Employed for Calendar Year.

Brief description of job responsibilities:

Skilled & Technical Sciences (Trade & Industry): For individuals applying for a vocational teaching certificate, you must verify full-time work relevant to the vocational area in which you are requesting certification.

APPLICANT HAS RECEIVED TWO OR MORE SATISFACTORY SUMMATIVE EVALUATIONS: YES: [ ] NO: [ ] According to Regulation; 1511 Issuance and Renewal of Continuing License: The educator may demonstrate three (3) years of successful teaching experience by submitting documentation to the Department of a minimum of three (3) years of teaching experience and of having received at least two (2) satisfactory evaluations from the other jurisdiction that the Department finds are the equivalent of the two (2) satisfactory summative evaluations required of a Delaware educator.

I certify that the information provided in this application is correct and true. I understand that the falsification of any statement of this application may invalidate the claims for experience and will constitute grounds for revocation of my Delaware teacher's license.

Signature of Applicant Social Security Number Date

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Certification by Employer: (Please correct or include any missing information.) I certify that according to the records in my office or at my disposal the information above is correct.

Name of Employer (please print name of company) Street City State

Signature of Employer or Designee Telephone Date