



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 in a comparable setting. Use this form to document your teaching experience for your application.

Steps:

1. Upload your education qualifications and this fully completed form in your OEC Registry account: Standard Documents > Teaching Experience Verification Form. Be sure all fields are completed and include signatures (hard signature or DocuSign).
2. When all of your required documents have been uploaded and 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:	Date:

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

Program legal name:					
Program license status:	licensed	license exempt	If licensed: license #:		
Program address:					
Program city and state:			Program zip code:		
Your job title at the program:					
Duration of your teaching role: Start date		End date		Total # weeks	
# hours worked per day:		# days worked per week:			
Total # hours represented above (multiply hours by days by weeks):					
Ages of children you taught (Youngest to Oldest):		Yrs	Mos – TO –	Yrs	Mos
Ages of children taught at entire program (Youngest to Oldest):		Yrs	Mos – TO –	Yrs	Mos
REQUIRED: Attach the job description of your role at this program. Check here to indicate attachment:					

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.

Supervisor’s legal name:	
Supervisor’s role in relation to applicant:	
Supervisor’s address:	
Supervisor’s city and state:	Supervisor’s zip code:
Supervisor’s phone #:	
Supervisor’s email address:	
I attest to this person’s teaching experience and timeframe as stated above: _____ (initial to verify)	
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)	
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:	Date:

Most fields on this form can be typed if you would like; then print the form for signatures and initials (or DocuSign)

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

OEC Registry staff may randomly audit forms and contact the applicant and/or verifying individual.