



Career and Technical Education (CTE) Work-Based Certification

Teaching Experience Verification Form

Submit forms to: [My SC Educator Portal](#)

Applicant Information (To Be Completed by the Applicant)

After completing a CTE application, please have each employer verify your teaching experience by completing this form.

Applicant's Full/Legal Name: _____

Address: _____

Signature: _____ Last 4 Digits of SSN: _____ Date: _____

Employment Verification (To Be Completed by Personnel Administrator)

K-12 or Higher Education Teaching Experience

(Please list partial school years as separate entries)

Employing School or District	Begin Date of Employment (MM/DD/YY)	End Date of Employment (MM/DD/YY)	Days Taught OR Semester Hours Taught per Year	Hours per Day	Position Title, Grade, and Subject Taught

Industry Teaching Experience

Employing Organization or Company	Begin Date of Employment (MM/DD/YY)	End Date of Employment (MM/DD/YY)	Total Full-Time Days OR Number of Hours Teaching	Position or Training Title (Attach Official Job Description)

By signing this form, the personnel administrator verifies the provided employment information.

Name: _____ Signature: _____ Date: _____

Position: _____ Phone: _____ Email: _____

Employer Address: _____