

# Child Development Permit

## Verification of Experience

- **If experience is a requirement for your permit**, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is required for the permit level you are applying for. The experience requirements for each permit level are indicated below. Check the permit level you are applying for:

Permit Level	Required Experience
<input type="checkbox"/> Assistant	None
<input type="checkbox"/> Associate Teacher	50 days of 3 + hours per day within 2 years
<input type="checkbox"/> Teacher	175 days of 3 + hours per day within 4 years
<input type="checkbox"/> Master Teacher	350 days of 3 + hours per day within 4 years
<input type="checkbox"/> Site Supervisor	350 days of 3 + hours per day within 4 years including at least 100 days of supervising adults
<input type="checkbox"/> Program Director	One program year of site supervisor experience

- **If you have served in more than one position for a single employer**, have a separate form completed for each position that you held.
- **Do not have your employer mail this form directly to the Child Development Training Consortium or the Commission on Teacher Credentialing. It must be submitted with your completed Child Development Permit application.**

<b>This is to verify/certify that:</b>	_____
	(Name of applicant)
<b>has served satisfactorily from:</b>	_____
	(Month and Year)
<b>to:</b>	_____
	(Month and Year)
<b>in the position of:</b>	_____
	(Job Title)
<b>with the following age group(s):</b>	_____
<b>in the following capacity:</b>	<input type="checkbox"/> Full-time # Hours/Day _____, # Days/Week _____ <input type="checkbox"/> Part-time # Hours/Day _____, # Days/Week _____ <input type="checkbox"/> Day-to-Day Substitute Total days worked _____
<b>Documentation of supervising experience for the Site Supervisor Permit: (minimum 100 days)</b>	Days From: _____ To: _____ Responsibilities: _____ _____
<b>Employer:</b>	School/Agency: _____ _____ Address: _____ City: _____ Zip: _____ Phone: _____
<b>Verified by:</b>	Signature: _____ Name (please print): _____ Title: _____ Date: _____ Phone: _____