



## Child Development Permit Application Verification of Experience

**When applying for a Child Development Permit with Option 1, experience must be verified by submitting this Verification of Experience form or an original letter from the employer on official letterhead.**

- » Have employer or supervisor complete this form to verify the required experience.
- » *Submit additional Verification of Experience forms if needed to reach the required total number of days.*
- » Verification of experience must accompany all other required permit application documents, **DO NOT** mail separately to the Child Development Training Consortium (CDTC) or the California Commission on Teacher Credentialing (CTC).
- » **E-signature is accepted\*\***; form may be signed, scanned and printed. *Signature may not be typed.*

**\*This is to verify/certify that:** \_\_\_\_\_  
(Name of Permit Applicant)

**Has served in an instructional capacity in a child care and development program the following dates:**

**\*Start Date:** \_\_\_\_\_ **\*End Date:** \_\_\_\_\_  
(Month/Year) (Month/Year or Present)

**\*In the position of:** \_\_\_\_\_  
(Job Title)

**\*With children ages:** \_\_\_\_\_

<b>*Seeking Permit Level:</b>	<b>Has the required days of experience:</b>	<b>Within the last:</b>	<b>*Verified by (initials):</b>
<input type="checkbox"/> Associate Teacher	50 days, at least 3 hours per day	2 Years	_____
<input type="checkbox"/> Teacher	175 days, at least 3 hours per day	4 Years	_____
<input type="checkbox"/> Master Teacher	350 days, at least 3 hours per day	4 Years	_____
<input type="checkbox"/> Site Supervisor	350 days, at least 3 hours per day, including 100 days supervising adults	4 Years	_____
<input type="checkbox"/> Program Director	One year of site supervisor experience		_____

**Check below, only if individual has completed less than the required number of days for permit level listed above, write the total number of days and initial:**

Total number of days worked or volunteered, at least 3 hours per day: \_\_\_\_\_  
(Number of days) (Verified by Initials)

**Agency where individual obtained experience:**

<b>*School/Agency Name:</b>		
<b>*Address:</b>		
<b>*City:</b>	<b>*Zip:</b>	<b>*Phone:</b>

**My signature verifies the named individual has completed the experience checked and initialed above.**

<b>*Signature:</b>	<b>*Date:</b>
<b>*Name</b> (please print):	
<b>*Title:</b>	<b>*Phone:</b>