



Occupational Experience Verification Form

Applicant: One of the requirements for granting a certificate to teach Career and Technical Education is the verification of successful non-teaching occupational experience in the specific skill area to be taught. Please fill out this form individually for each work experience you are submitting. If CCD cannot independently verify the work experience, you will be required to submit additional documentation.

Applicant to Complete

Name: _____

Discipline: _____

I worked from (date) _____ to (date) _____ at the location below.

Employer: _____

Supervisor Name: _____ Phone: _____

Employment was: Full Time Part Time

Position Title: _____

Description of Duties: (if more space is needed please attach as word document)

Credentialing Officer to Complete:

Total number of hours for this work experience: _____

Occupational Experience Verified: Initial: _____ Date: _____

First date applicant will teach at CCD: _____

Mailing Address: Campus Box 200 | P.O. Box 173363 | Denver, CO 80217 | Fax: 303.556.4602