2018-19 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).
» Original ink signature required. Photocopies, faxes, or other non-original forms are not accepted.

*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)

*In the position of: ___________________________________________________________________
(Job Title)

*With children ages: ___________________________________________________________________

*Seeking Permit Level: Has the required days of experience: Within the last: *Verified by (initials):

☐ Associate Teacher 50 days, at least 3 hours per day 2 Years
☐ Teacher 175 days, at least 3 hours per day 4 Years
☐ Master Teacher 350 days, at least 3 hours per day 4 Years
☐ Site Supervisor 350 days, at least 3 hours per day, including 100 days supervising adults 4 Years
☐ 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:

*School/Agency Name: __________________________
*Address: ______________________________________
*City: __________________________ *Zip: __________ *Phone: __________________________

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

*Signature: __________________________ *Date: __________
*Name (please print): __________________________
*Title: __________________________ *Phone: __________________________

* = Required Fields

Revised 1/7/19