

VERIFICATION OF INSTRUCTIONAL SUPPORT PROVIDERS

This is to certify that _____
(Last Name) (First Name) (Middle Name)

Last Four of SSN _____

Any other name(s) Used _____

Was employed by: _____

City of: _____ State of/Country of: _____

*BEGINNING MONTH-DAY-YEAR	*ENDING MONTH-DAY-YEAR	*POSITION	*NUMBER OF DAYS WORKED	*HOURS PER DAY	*FULL-TIME PART-TIME

***Required Fields**

Position – Please list the instructional support provider title (i.e., Pre K-12 School Counselor, Social Worker, etc.).

Number of Days Worked - " The challenge the Professional Licensure Bureau faces is we never offered advancement in levels if an educator proved that they had more than a year of work experience as an instructional support provider; therefore, NM is an advocate for accepting evidence of experience as an instructional support provider, so those with years of experience are not having to succumb to either level 1 or level 2 pay. ****The experience *must* be in the school setting.**

Authorized Signature, Title & Organizational Stamp (Official stamp or seal is required if verification is from a country outside the United States). **I attest, under penalty of perjury, that to the best of my knowledge, this employee was authorized and worked as an educator within the school district and the above verification is genuine and relates to the individual.**

SIGNATURE

DATE

TITLE

E-MAIL

OFFICIAL SEAL