Teacher Apprentice Program – Wichita State University College of Education
Verification of Employment

Verification of Employment means experience gained, under contract, in a school accredited by the state board as a para educator at the Early Childhood and/or Elementary Education (K-6) level.

**A: TO BE COMPLETED BY THE APPLICANT**

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<tr>
<th>LEGAL NAME: FIRST NAME</th>
<th>MIDDLE NAME</th>
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MAILING ADDRESS (STREET, CITY, ZIP CODE)

________________________________________

PHONE NUMBER

________________________________________

EMAIL ADDRESS

________________________________________

**B: TO BE COMPLETED BY EMPLOYING SYSTEM (district or interlocal)**

SCHOOL DISTRICT, INTERLOCAL, or PRIVATE SCHOOL ADMINISTRATOR/REPRESENTATIVE:

- Please complete and sign.
- Return the completed, signed hard copy in a sealed official school envelope to the Applicant OR email as attachment to parapath@wichita.edu. Coordinate submission with the applicant.

Name of School System: ___________________________ USD DISTRICT # ___________________________

State Accredited School and/or District?
- YES
- NO (if not state accredited, please attach verification of accreditation status)

Name of School/District Administrator:

________________________________________

Title/Position:

________________________________________

Phone:

________________________________________

Mailing Address (Street, City, State, Zip):

________________________________________
C. VERIFICATION: I verify the above applicant is employed in our school system as listed below and the applicant’s employment qualified as accredited experience:

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<th>BEGINNING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)</th>
<th>ENDING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)</th>
<th>QUALIFYING ASSIGNMENT: List specific assignments as para educator below</th>
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<th>EMPLOYMENT IS</th>
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I verify the above applicant has on file with our district a Certification of Health for School Personnel/TB test (K.S.A. 72-5213) form and Criminal Background Check as required by our district and/or interlocal.

○ Yes
○ No

Comment: __________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

__________________________  ______________________  __________
Signature of District Representative   Title   Date