

**Teacher Apprenticeship Program – Wichita State University College of Applied Studies
Verification of Employment**

Verification of Employment means experience gained, under contract **or** as an at will employee, 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

LEGAL NAME: FIRST NAME

MIDDLE NAME

LAST NAME

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 #** _____

C. ACCREDITATION-TO BE COMPLETED BY EMPLOYING SYSTEM (district or interlocal):

1. KSDE Accredited School and/or District?

- YES
- NO

2. If you marked no to question 1, is the school accredited by another agency?

- YES
- NO

Please list accrediting agency _____

3. If not an accredited institution, is the school licensed by Kansas Department of Health & Environment (KDHE).

- YES
- NO

Name of Administrator completing form: _____

Title/Position: _____

Phone: _____

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

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D. VERIFICATION: I verify the above applicant is employed under contract or as an at will employee in our school system as listed below and the applicant's employment qualified as accredited experience:

BEGINNING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)	ENDING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)	QUALIFYING ASSIGNMENT: List specific assignments as para educator below	GRADE LEVEL	EMPLOYMENT MEETS
				<input type="radio"/> At least 8 hours a week as a para educator with instructional responsibilities If not, please explain,

I verify the above applicant **has on file** with our district/interlocal 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