EMPLOYMENT VERIFICATION FORM

TEACHER’S NAME ________________________________ DATE ____________________

Students with a Certificate of Eligibility (CE) in General Education must teach under the Provisional Teaching Program with the NJ Department of Education in order to advance their CE in General Education to a Standard Certificate through their school district. Please indicate which alternate route academic program you are applying to:

_____ ESL Alternate Route            _____ P-3 Alternate Route

_____ Teacher of Students with Disabilities      _____ Elementary, Middle, and Secondary Education Alternate Route

*The bottom portion of this form must be completed by a school district administrator for the above-mentioned teacher.*

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TEACHING POSITION (GRADE LEVEL AND/OR SUBJECT) _______________________________________

SCHOOL DISTRICT _____________________________________________________________________

SCHOOL NAME _______________________________________________________________________

CONTRACT START DATE ______________ CONTRACT END DATE ____________

WILL THIS TEACHER BE ENROLLED IN THE NJ DEPARTMENT OF EDUCATION PROVISIONAL TEACHING PROGRAM? ________________________________________________________________

DISTRICT ADMINISTRATOR (PLEASE PRINT) ________________________________________________

TITLE: ______________________________________________________________________________

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ADMINISTRATOR’S SIGNATURE: ____________________________________________________________

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Please mail or fax back to: Kean University
Office of Graduate Admissions
1000 Morris Avenue
Union, NJ 07083
Phone 908-737-4723
Fax 908-737-5925

Please Note: The school’s letterhead must appear at the top of this form