Teacher Apprentice 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:

<table>
<thead>
<tr>
<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>
<th>GRADE LEVEL</th>
<th>EMPLOYMENT MEETS</th>
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<td>At least 8 hours a week as a para educator with instructional responsibilities</td>
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<td>If not, please explain,</td>
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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