

EEC VERIFICATION OF WORK EXPERIENCE OR PRACTICUM FORM

This form is required when applying for a Professional Certification with the Department of Early Education and Care (EEC). The applicant's current/former work supervisor should complete the form and then returned it to the applicant for inclusion in their certification application.

Center Details

This is where practicum/work experience was completed

Center Name:

Center EEC Program Number (if applicable): P -

Find your P number at childcare.mass.gov/findchildcare

Center College/University Affiliation (if applicable):

Center Address:

Applicant Details

Applicant Name:

Applicant Title/Position:

Dates applicant worked:

From:

To:

Total hours applicant worked:

Age groups worked with (check all that apply):

Infant/Toddler (Ages 0 months to age 2.9)

Preschool (Age 3 to age 5)

Mixed Toddler/Preschool (Age 15 months to age 5)

Preschool/School Age (Age 3 to age 6)

Special Needs? If yes, list ages:

Supervisor Details

Supervisor Name:

Supervisor Title:

Supervisor EEC Certificate # or DESE Certificate # (if applicable):

Supervisor Telephone:

Supervisor Email Address:

Attestation by Supervisor

I attest, to the best of my knowledge, that all information contained herein is true and accurate.

Printed Supervisor Name:

Electronic Supervisor Signature:

Date:

PLEASE RETURN COMPLETED AND SIGNED FORM TO APPLICANT