

**State of Connecticut
Office of Early Childhood: Child Day Care Licensing**

Head Teacher Experience Verification Form

Please mail your documentation to:

- CT Early Childhood Professional Registry
- 165 Capitol Avenue, Room G-35
- Hartford, CT 06106
- Attn: Professional Development Advisor

OR fax:

- CT Early Childhood Professional Registry
- 860-713-7040
- Attn: Professional Development Advisor

To be completed by SUPERVISOR of candidate for Head Teacher approval:

Candidate's name:		Candidate's Registry ID#:		
Program name (where experience was gained):				
Type of program (check one):	<input type="checkbox"/> Licensed program License #: _____	<input type="checkbox"/> License exempt program	<input type="checkbox"/> Licensed group day care home License #: _____	<input type="checkbox"/> Licensed family day care home License #: _____
Program Address:				
Program City / Town:		Program State:		Program Zip Code:
Program Telephone:		Program Fax:		

Age range of children cared for: _____ to _____ years

Position/Job Title held by candidate:

Describe duties (or attach job description):

Dates of employment: From ___/___ to ___/___ (If still employed, write today's date for end of employment).
MM/YYYY MM/YYYY

A. Hours per day = _____ B. Days per week = _____ C. Total number of weeks = _____

A x B x C = _____ (Total hours worked)

If the total number of hours is less than required, the candidate must submit additional experience forms.

State of Connecticut document: I hereby attest the above information to be true and accurate.

Supervisor Signature: _____ **Date:** _____

Printed Name of Supervisor: _____

Supervisor Telephone (if different from program telephone above): _____

Supervisor Email Address: _____

Working Relationship with Candidate: ___ Supervisor ___ Other(Specify) _____