



VERIFICATION OF EXPERIENCE WITH CHILDREN AGE BIRTH-AGE 5
NVU Early Childhood Education BS with VT licensure degree
Use one form per verification entity

Applicant instructions:

Give this form to a supervisor who can verify your 2000 hours of experience with children age birth-age five. Examples of experience accepted are childcare teacher/aid, preschool teacher/aid, nursery supervisor, church childcare employee/volunteer, family childcare operator/employee, babysitting children unrelated to you, or nanny. School practicum/internship hours with the appropriate age range of children can also be used. If you are documenting your hours as an owner/operator of a Licensed Family Childcare home or Registered Home Provider, you may sign your own form. Your approved registration and/or license number must be included on this form.

Applicant's name: \_\_\_\_\_

Name of Program (where experience was gained) \_\_\_\_\_

Program Address: \_\_\_\_\_

Instructions to person completing this form for applicant:

To be a candidate for admission to the Northern Vermont University Early Childhood BS degree with Vermont birth-age 5 licensure, applicants must have verification of experience working with children aged birth through age 5 for at least 2000 hours. Documented experience may be paid or unpaid. Return the signed and completed form to the applicant above. Thank you.

Position: \_\_\_\_\_ Select one age group:
[ ] 0-2.75 years [ ] 3-5 years

Is this work experience \_\_\_\_\_?

Practicum/internship \_\_\_\_\_?

Volunteer \_\_\_\_\_?

From: Month/Day/Year to: Month/Day/Year Select one type of year:
\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Full year [ ] School year

How many hours per week? \_\_\_\_\_

For applicants who are claiming family childcare as verification of hours, include license/registration number: \_\_\_\_\_

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

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Date received by admissions: \_\_\_\_\_ Date received by program coordinator: \_\_\_\_\_

Approved \_\_\_\_\_ Not approved \_\_\_\_\_

Date recorded by registrar: \_\_\_\_\_

Date received by admissions:

Date received by program coordinator:

Approved\_\_\_\_\_

Not approved\_\_\_\_\_

Date recorded by registrar: