

Northern Nevada Office
700 E. Fifth Street, Suite 105
Carson City, NV 89701
Phone: (775) 687-9115

State of Nevada
Department of Education
Office of Teacher Licensing

Southern Nevada Office
1820 E. Sahara, Suite 205
Las Vegas, NV 89104-3746
Phone: (702) 486-6458

Work Experience Verification

Form TL.SQ.WE

This form must be submitted with the initial application.

A. For Self-Employment Use Only:

Name and/or Type of Business _____

Primary responsibilities _____

Length of employment: Beginning _____ Ending _____

(Month/Year)

(Month/Year)

Circle One: Full Time (40 + hours weekly) Part Time (Less than 40 hours weekly)

Please attach proof of self-employment (tax records, copy of current business/professional license, or notarized affidavit) attesting to work experience.

I, _____, certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____ Date _____

Title: _____ Contact # _____

B. For Employer's Use Only

In order to obtain a Special Qualification license the applicant must present proof of related work experience in the area(s) of study. Please provide the following information in support of the applicant's request.

Name and type of employer's business: _____

In what capacity were you associated with the applicant? _____

What specific type of work did the applicant perform? _____

Length of employment: Beginning _____ Ending _____

(Month/Year)

(Month/Year)

Circle One: Full Time (40+ hours weekly) Part Time (Less than 40 hours weekly)

I _____ certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Title: _____ Phone: _____