Gateways Family Specialist Credential

Work & Practical Experience—Verification Form

Please complete this form to validate your work experience providing direct service to families.
Use a separate form for each position. Attach a job description from your employer and write 3 or 4 sentences that describes your ***daily direct contact with families*** that promote optimal child and family outcomes.

_____

_____

_____

_____

Personal Information

Name: _____Registry Member ID:_____

Work Experience

Position: _____Start Date (MO/YR): _____ End Date (MO/YR):_____

Hours per week: _____ x Weeks per year:_____ x # of years: _____= Total Hours: _____

Family Specialist Experience Verification

Contact Information

Contact Name and Title:_____

Company Name:_____

Company Address: _____

Company Phone: _____

Signature and title of contact who can verify your work experience (other than yourself):

_____**Date:**_____

I verify that I have read and understood this paragraph and that all the employer and employee information provided herein is true and accurate. By signing below, I understand the Illinois Department of Early Childhood (IDEC) and INCCRRA will use my signature as authorization to review the employer and personnel records and any other applicable files and records. Additionally, I verify that I have not manipulated employee job titles or descriptions in order for the named employee to become eligible for a Gateways Credential.

I understand that an employer determined to have submitted fraudulent, altered, or false documentation or information will may be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the site as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the site as determined by IDEC. Staff employed by a site that has submitted fraudulent, altered, or false documentation or information will be unable to participate in INCCRRA administered programs while employed at that site.

Participant Signature: _____**Date:**_____

I verify that I have read this paragraph and that all information provided is true and accurate. By signing above, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted, including the request for additional documentation. I understand that an individual determined to have submitted fraudulent, altered, or false documentation or information will be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the individual as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the individual as determined by IDEC.

PD160© 2013 INCCRRA Revised 09/2026