

Gateways Credential

Administrative Experience—Verification Form

Please complete and have this form signed by a supervisor, director, or the Human Resources department to validate your work experience as an administrator of early childhood education and school-age program in charge of the day-to-day operations.

1. Use a separate section for each role and age group.
2. Use a separate **form** for each employer.
3. NOTE: The Illinois Director Credential requires teaching **AND** administrative experience.

Personal Information

Name: _____ Registry Member ID: _____

Administrative Position: _____

Start Date (MO/YR): _____ End Date (MO/YR): _____

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

Director Assistant Director Part-time Director Designee Other: _____

Description of job roles and responsibilities:

Contact Information

Contact Name and Title: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Signature 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. 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. By signing below, I understand the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to review the employer and personnel records and any other applicable files and records. IDHS may ban employer participation if an employer has submitted false or misleading information and or documentation, or manipulated employee information in any manner.

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. I understand that any false or misleading statements or subsequent documentation may constitute grounds for denial or subsequent withdrawal of any Gateways to Opportunity Credential. Additional information may be required.