

# Gateways Family Specialist Credential

## Work & Practical Experience—Verification Form

Please complete and have this form signed by a supervisor, director, or the Human Resources department 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.

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### Personal Information

Participant Name: \_\_\_\_\_ Person ID: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date (MO/YR): \_\_\_\_\_ End Date (MO/YR): \_\_\_\_\_

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

### Contact Information

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

### Signature and title of contact who can verify your work experience:

\_\_\_\_\_  
Date: \_\_\_\_\_

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.