

Employer Verification: Early Intervention SC Supervisor Applicant

This form may be used by an Early Intervention (EI) service coordination supervisor credential applicant to obtain verification

- A)** from an EI service coordination agency for one-year credential (initial or renewal) that the applicant is employed or under contract,
- B)** or from employers that the applicant has the required three years (2080 hours per year) of verified full-time (or equivalent part-time) supervised, paid experience when the applicant does not have the required degree in a related field.

Applicant name	DOB	Type of credential currently held	Expiration date			
OPIN number	Applying for					
	<input type="checkbox"/> One year	<input type="checkbox"/> One year renewal	<input type="checkbox"/> First five year	<input type="checkbox"/> Five year renewal	<input type="checkbox"/> Transition five year	<input type="checkbox"/> Transition five year renewal

Select the type of verification requested.

A) Verification by an EI service coordination agency that the applicant is employed or under contract (required for one year credential).

I attest that the applicant is employed by or under contract with this EI service coordination agency.

Employer representative name	Employer representative signature	Date of verification
Agency name	Representative position/title	Representative phone and email

B) Employer verification that the applicant has at least three years (2080 hours per year) of full time (or equivalent part-time) supervised, paid experience in supervision, case management, early intervention service coordination, and/or working with children birth through age five with disabilities, developmental delays, or diagnosed physical or mental conditions that have a high probability of resulting in a developmental delay and their families (required for 1 or 5 year credential)

I attest that the applicant has the following number of full time (or equivalent part time) years supervised, paid experience in one or both of the following:

_____ Number of years supervision

_____ Number of years case management

_____ Number of years EI service coordination

_____ Number of years working with children birth through age five with disabilities, developmental delays, or diagnosed physical or mental conditions that have a high probability of resulting in a developmental delay and their families

Employer representative name

Employer representative signature

Date of verification

Agency name

Representative position/title

Representative phone and email