

# Employer Verification: Early Intervention Service Coordinator Applicant

This form may be used by an Early Intervention (EI) service coordinator 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)** from employers that the applicant has the required two 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,
- C)** or from employers that the applicant seeking a five-year renewal or a 5 year transition renewal has worked at least 4000 hours as an EI service coordinator or directly providing EI services through the IFSP.

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 as an EI service coordinator (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 two years (2080 hours per year) of full time (or equivalent part-time) supervised, paid experience in case management 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 one or five 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 case management

\_\_\_\_\_ 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

**C) Employer verification that the applicant seeking a five year renewal has worked at least 4000 hours as an EI service coordinator or directly providing EI services through the IFSP during the most recent five year period.**

I attest that the applicant has:

Worked at least \_\_\_\_\_ (number of) hours as an Early Intervention service coordinator during the time period from \_\_\_\_\_ (month and year) to \_\_\_\_\_ (month and year)

And/or

Worked at least \_\_\_\_\_ (number of) hours directly providing Early Intervention services through individualized family service plans (IFSP) during the time period from \_\_\_\_\_ (month and year) to \_\_\_\_\_ (month and year)

\_\_\_\_\_  
Employer representative name

\_\_\_\_\_  
Employer representative signature

\_\_\_\_\_  
Date of verification

\_\_\_\_\_  
Agency name

\_\_\_\_\_  
Representative position/title

\_\_\_\_\_  
Representative phone and email