VERIFICATION OF EMPLOYMENT AND APPLICANT SUPERVISION FORM APPRENTICESHIP PERMIT

<u>Applicant Instructions:</u> Please complete the Applicant Information below only. Then please send the form to your employer to complete the Employer Section below. Once this form has been completed it can be uploaded to our portal for our review.

Applicant Information

Applicant's Leg	gal Name (Required)		
	691		C 3
Mailing Address	8		
Street:		City:	State: Zip:
Геlephone No.		E-Mail Address	
Primary:	Work:		

Employer Section

<u>Employer instructions:</u> This section to be completed by the District Superintendent or HR Administrator. The above applicant is applying to the Wyoming Professional Teaching Standards Board for an Apprentice Permit. As a requirement for approval, proof of employment and applicant supervision must be verified. Please complete this section and return this form to the applicant.

Verification of Present Employment

Applicant Hire Date	Position Hired for Including Grade Levels		

By signing below, you hereby verify that the school district has a registered teacher apprenticeship program, and that the applicant shall be mentored by and supervised by licensed educators on the staff of the employing district per PTSB Rules and Regulations Chapter 6, which can be located on our website.

Authorized Signature

Printed Name			Title		
Company Nam	ne or School District (Include District N	Telephone No.			
Mailing Addres	SS				
Street:		City:	State: Zip:		
Printed Name	of PTSB-Licensed Educator Assigned	to Mentor and Supervise the Ap	prentice		
	100		20		
My signature bel	ow affirms that I have read the PTSB Rules	& Regulations above and verify that t	he district meets and agrees to fulfill all requireme	nts listed.	
Signature			Date		