



Statement of Practical Experience for Career and Technical Education Candidates

This form should be completed by only one employer. Candidates should send this form to individual employers to complete. All information reported here is strictly confidential. All documents must be sent directly from the employer’s email to CertApplication@doe.nj.gov with the applicant’s Teacher Certification Information System (TCIS) Tracking Number in the subject line of the email.

Candidate Information

Applicant’s Name:

Applicant’s Position/Title:

TCIS Tracking Number (If Known):

Evaluation for a New Jersey License to teach:

Dates Employed

From: Month: Year: to Month: Year:

Hours Employed

Select one: Full Time Part Time

Hours per Week: Weeks Per Year:

Applicant’s Work Performance

1. Describe the applicant’s work performance and safety practices on the job.

2. Describe in detail the type of work performed by the applicant while in your employment.

New Jersey Department of Education
Office of Certification and Induction

3. Describe the machinery/equipment and tools used.

Form Verification

Name of Employer:

Work Address

Street Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Position of Person Completing Form:

Signature of Authorized Person Completing Form:

Date (mm/dd/yyyy):