**School Superintendent Verification of Employment**

**School Year 2015-2016**

**(For Provisional I applicants only)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Career Tech Division | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  |
| Name | AgEd | BMITE | FACSEd | Health | STEM | T&I |

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| As Superintendent or Designee authorized to verify employment, I request the issue or renewal of a Provisional I Certificate for the following: |
| Teacher’s Name (Last, First, MI):\* |       |
| Last 4 Digits of Teacher’s SSN (####):\* |      |
| Trade or Technical Area Taught:\* | Health Careers |
| School/Campus:\* |       |
| Administrator’s Name:\* |       |
| Administrator’s Title:\* |       |
| Administrator’s PID (#####):\* |       |
| (Initial year only) Location Fingerprints Submitted if Satellite Site: |       |
| Initial year only) Date Fingerprints Submitted if Satellite Site: |       |
| Comments:. |
| Please complete and forward this form to certify@careertech.ok.gov with the Division Name (i.e., Ag, BMITE, FACS, Health, STEM, T&I) in the Subject line.If you have additional questions you may call your [Divisional Certification Specialist](http://www.okcareertech.org/educators/certifications/certification-specialists) |
| \*Required Fields Rev. 7/8/2015 |