

Verification of Employment Form

Definition of a Qualifying Position

A qualifying position for the Teacher Apprentice Program™ is an instructional position, under contract or as an at-will employee, in a school accredited by KSDE or KDHE, as a para-educator or long-term substitute in a Birth-3rd Grade Special Education and/or PreK-6 Elementary Education classroom.

Definition of Time Required

Students in the Teacher Apprentice Program are required to spend a minimum of 8 hours per week in an instructional position while they are in their first semesters of the program. Students must then transition to a full-time instructional position by their final semester (as a para or Teacher of Record).

Additional Resources

For more information regarding employment requirements for the Teacher Apprentice Program, please read through the [TAP Employment Requirements](#). For more information about the program, please read through the [TAP Letter to Districts, Schools, and Childcare Centers](#).

A. TO BE COMPLETED BY THE APPLICANT

LEGAL NAME		
FIRST NAME	MIDDLE NAME	LAST NAME
MAILING ADDRESS		
STREET	CITY	ZIP CODE
CONTACT INFORMATION		
PHONE NUMBER	EMAIL ADDRESS	ALT. EMAIL ADDRESS

ACKNOWLEDGEMENT	
I understand that I must be employed at least 8 hours per week within the parameters of the position stated on this Verification of Employment (VOE) form. If I accept a different position within or outside of this district/center, I understand that I must fill out a new VOE and submit it to my advisor as soon as possible. I understand that if I am admitted as a long-term sub that I must work towards and qualify for the Limited TAP License within 2 semesters in the program (<i>if applicable</i>).	
SIGNATURE	DATE

B. TO BE COMPLETED BY EMPLOYER

(SCHOOL DISTRICT, INTERLOCAL, CHILDCARE CENTER, or PRIVATE SCHOOL ADMINISTRATOR)

EMPLOYER INFORMATION		
PLACE OF EMPLOYMENT		
MAILING ADDRESS		
STREET	CITY	ZIP CODE
USD DISTRICT NAME AND # (if applicable)		

ACCREDITATION INFORMATION				
Is this an accredited district/school/center? (circle one)	YES, KSDE	YES, KDHE	NO	OTHER
If you circled 'other', please list the accrediting agency:				
If the school/center is not accredited, please explain:				

DESCRIPTION OF QUALIFYING POSITION		
Beginning date of qualifying position:		
Grade level(s):		
Description of qualifying position: (Please refer to the Definition of a Qualifying Position at the beginning of this form)		
Which of the following levels does this position fall under? (circle one)	Birth-3 rd Grade SPED	PreK-6 General Education
Does the position meet the requirement of at least 8 hours per week with instructional responsibility? (Please refer to the Definition of Time Required at the beginning of this form)	YES	NO
Will the applicant be able to meet all internship/field experience teaching requirements as listed on the TAP Employment Requirements within this position?	YES	NO
If you circled 'no', please explain how you will work with the applicant to meet these requirements:		

REQUIRED DOCUMENTATION		
Does the applicant have a Certification of Health for School Personnel/TB test (K.S.A. 72-5213) form on file with the employer?	YES	NO
Does the applicant have a Criminal Background Check as required by the district/school, interlocal, or childcare center?	YES	NO
If 'no' is marked for either document, please explain:		

TAP - EMPLOYER PARTNERSHIP		
Does the district/school, interlocal, or childcare center have an active Memorandum of Understanding (MOU) with the WSU Teacher Apprentice Program? <i>(Check with the district office or HR department if you are unsure. If no, a copy of the MOU will be sent to the email address below to be signed and returned.)</i>	YES	NO
Have you reviewed the TAP Letter to Districts, Schools, and Childcare Centers?	YES	NO

VERIFICATION		
I verify that the above applicant is employed under contract or as an at-will employee in our district/school, interlocal, or childcare center as listed above and that the applicant's employment qualifies as accredited experience. I understand that the applicant will be planning, teaching, and recording lessons in the course of their normal employment and in accordance with the internship requirements and video guidelines outlined in the Memorandum of Understanding (MOU).		
*SIGNATURE OF BUILDING/CENTER ADMINISTRATOR	TITLE	DATE
*SIGNATURE OF DISTRICT/INTERLOCAL ADMINISTRATOR <i>(if applicable)</i>	TITLE	DATE

**Both signatures are required for a district/interlocal to ensure information is shared between the building administrator and the district office*

CONTACT INFORMATION - PLEASE PRINT	
NAME OF ADMINISTRATOR COMPLETING THIS FORM	TITLE
PHONE	EMAIL

Please return the completed, signed hard copy in a
sealed official school envelope to the applicant OR email as attachment to
parapath@wichita.edu.

Please coordinate this submission with the applicant.

Questions? Contact parapath@wichita.edu.