



VERIFICATION OF TEACHING EXPERIENCE

The Wisconsin Technical College System (WTCS) Board requires that all educational personnel be certified on the basis of their education and occupational experience. Individuals seeking WTCS certification must provide official verification of teaching experience. Please verify the applicant's employment with your educational institution as authorized below.

AUTHORIZATION

To be completed by **Applicant** and forwarded to Employer.

Name of Applicant: _____ Social Security No: _____

Street Address: _____

City/State/Zip: _____

I hereby authorize the below-named institution to furnish Western Technical College with the information requested below.

Name of Institution: _____

Street Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

VERIFICATION

Employment Record: To be completed by **Employer** and returned to Western Technical College.

The person named above is/was employed by us from _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

to teach in the following courses/programs: _____

Number of Semesters taught at 50 percent load or more: _____

Use reverse side of form for additional information/comments.

Number of Semesters taught at less than 50 percent load: _____

Name of Educational Institution: _____

Street Address: _____

City/State/Zip: _____

Signed by: _____

Title: _____

Phone: _____ Date: _____

Return Completed Form to:

Western Technical College
Attn: Certification, A-115
400 Seventh Street N, P.O. Box 908
La Crosse, WI 54602-0908

Contact Information:
Betsy Konter or Jackie Kettner
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Email: konterb@westerntc.edu
kettnerj@westerntc.edu