## **Employer Verification: Early Intervention Service Coordinator Applicant**

This form may be used by an Early Intervention (EI) service coordinator credential applicant to obtain verification

- A) from an El service coordination agency that the applicant is employed or under contract, or
- B) of required number of hours worked for credential
  - **Initial Five-Year**: At least 1,000 hours during the most recent 5- year period as an El service coordinator and/or directly providing El services through an IFSP
  - **Renewal Five-Year**: At least 4,000 hours during most recent five-year period as an El service coordinator, and/or directly providing El services through IFSP

Applicant name		DOB		Type of credential currently held		Expiration date	
OPIN	Applying for						
	Initial On	e-year	One-yea	ar renewal	Initial Five-year	Five-year renewal	
Select the type of ve	erification re	quested.					
					the applicant is eme year credential).	ployed or under	
attest that the applicar	nt is employed	by or unde	r contract	with this El se	ervice coordination age	ncy.	

Employer representative name	Employer representative signature		Date of verification
Agency name	Representative position/title	Representa	ative phone and email

## B) Employer verification of hours worked as an El service coordinator or directly providing El services through the IFSP during the most recent five-year period.

I attest that the applicant has:

Worked at least(nu	ımber of) hours as an Early Interventi	ion service coor	dinator during the time period
from(month	and year) to(mont	th and year)	
And/or			
Worked at least(nu	mber of) hours directly providing Ea	rly Intervention	services through individualized
family service plans (IFSP) duri	ng the time period from	(month a	nd year) to
(month and year)			
Employer representative name	Employer representative si	anature	Date of verification
p.:0) 01 1 2p. 02011.dative name		9.10.10.10	2 335 S. TS <b></b>
Agency name	Representative position/title	Representativ	re phone and email

