

Employer Verification: Early Intervention SC Supervisor Applicant

This form may be used by an Early Intervention (EI) service coordination supervisor credential applicant to obtain verification from an EI service coordination agency that the applicant is employed or under contract.

Applicant name	DOB	Type of credential currently held	Expiration date
OPIN number	Applying for		
	Initial One-Year	One-Year Renewal	

Verification by an EI service coordination agency that the applicant is employed or under contract (required for one year credential).

I attest that the applicant is employed by or under contract with this EI service coordination agency.

 Employer representative name Employer representative signature Date of verification

 Agency name Representative position/title Representative phone and email