



Instructor Verification Form

2025 - IV-0310

Instructor Candidate: _____

(If documents are submitted using more than one name, please provide all names above)

Requested Examination: _____

Dear Organization/Employer:

The person named above is applying for certification in the field in which they instruct. The applicant must have documentation reflecting a minimum of one (1) year full-time current work experience, within the past five (5) years as an instructor in the discipline they are testing, from an NCCT authorized organization. In order to determine the eligibility of the applicant, we require verifiable documentation of instructing/teaching.

Please complete the documentation below. Only one (1) supervisor verification per page. Each employer may only verify instructing experience performed at their own facility.

The remainder of this form is to be completed by the applicant's current employer:

Today's Date (mm/dd/yyyy): _____

Organization/School Name: _____

Address/City/State/Zip: _____

What discipline does the applicant teach: _____

Employment Start Date: _____ End Date (if applicable) _____

By signing this form I am verifying that applicant named above is a past/current instructor at an NCCT authorized school.

Your signature and legible contact information are required for valid completion of this form.

Supervisor/Verifier Contact Information:

Supervisor/Verifier Title: _____

Supervisor/Verifier Printed Name: _____

Supervisor/Verifier Signature: _____

Phone: _____ Email: _____

Note: The supervisor/verifier that signs this document must be able to be contacted.