THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

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BT-2 (01/02)

Verification of Work Experience for Personnel Licensure in the Non-Degree Granting Proprietary Schools of New York State

The attached form must be completed in full by the employer and bear the original notarized signature of the individual filing the form. Use only one form for each employer to complete.

Applicant's Name:	
Applicant's Social Security Number:	**Applicant's Date of Birth:**
Full Name of Employer:	
Address of Employer:	**Phone Number of Employer:**
Dates of Applicant's Employment: ____/____/____ to ____/____/____	
Full Time ☐	**Part Time ☐ Percentage of Full Time ____%**
Job Title:	
Detailed Job Description:(include percentages where different tasks are included) **(if additional space is required, attach additional sheets.)**	
Under penalty of perjury, I declare and affirm that the statements made on this form, including attached sheets, are true, complete and accurate.	
Name:	**Position:**
Signature:	**Date Signed:**
Subscribed and sworn to me this day of ,	
Notary Public:	