**APPENDIX C**

**EMPLOYER VERIFICATION FORM**

**This form must be submitted on Employer’s letterhead.**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant, please check the appropriate box, sign below and have your employer sign the form**

* Master’s Degree or Higher with an emphasis in vision studies including TVI, VRT, LVT, O&M and at least 1,000 hours of direct services in ATBVI as defined in the CATIS Handbook in the most recent three years
* Master’s Degree or Higher Special Education or Rehabilitation with no emphasis in vision studies and at least 1,500 hours of direct services in ATBVI as defined in the CATIS Handbook in the most recent three years
* Bachelor's Degree or higher in any other field and at least 2,000 hours of direct services in ATBVI as defined in the CATIS Handbook in the most recent three years
* Associate's Degree or 2 or 3 year post-secondary diploma and at least 9,000 hours of direct services as defined in the CATIS Handbook in the most recent 8 years. Applications for Eligibility in this category is open until closed by the ACVREP Board of Directors
* High school diploma and at least 12,000 hours of direct service as defined in the CATIS handbook in the most recent 10 years. Eligibility in this category is open until closed by the ACVREP Board of Directors

I attest that the appropriate box has been checked and that the information contained on this form is true and correct. I further understand that if the information is not true and correct, it will prevent me from being declared eligible for certification. Original transcripts are required to be sent directly to ACVREP office to verify.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

As supervisor for the applicant, I attest that the hours of direct service for the box that applicant checked above are true and correct.

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Signature of Supervisor Name of Supervisor Date