

# 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 EI 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 EI service coordinator and/or directly providing EI services through an IFSP
- **Renewal Five-Year:** At least 4,000 hours during most recent five-year period as an EI service coordinator, and/or directly providing EI services through IFSP

Applicant name	DOB	Type of credential currently held	Expiration date	
OPIN	Applying for			
	Initial One-year	One-year renewal	Initial Five-year	Five-year renewal

**Select the type of verification requested.**

**A) Verification by an EI service coordination agency that the applicant is employed or under contract as an EI service coordinator (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

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

I attest that the applicant has:

Worked at least \_\_\_\_\_ (number of) hours as an Early Intervention service coordinator during the time period from \_\_\_\_\_ (month and year) to \_\_\_\_\_ (month and year)

And/or

Worked at least \_\_\_\_\_ (number of) hours directly providing Early Intervention services through individualized family service plans (IFSP) during the time period from \_\_\_\_\_ (month and year) to \_\_\_\_\_ (month and year)

\_\_\_\_\_  
Employer representative name

\_\_\_\_\_  
Employer representative signature

\_\_\_\_\_  
Date of verification

\_\_\_\_\_  
Agency name

\_\_\_\_\_  
Representative position/title

\_\_\_\_\_  
Representative phone and email