

Date: \_\_\_\_\_

To: Commission on Teacher Credentialing  
Via the North Coast Teacher Induction Program

Dear Certification Officer:

This letter is to verify self employment for \_\_\_\_\_  
(name)

I am providing the following information as actual facts regarding my self employment related to the requested credential.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ (begin date) \_\_\_\_\_ (end date)

Employed:  Full-time  Part-time (REQUIRED: Specify number of total hours worked \_\_\_\_\_)

Job Duties:  Check if job description is attached  
(You may find a paragraph format detailing your self-employment history more applicable. Include hours worked per year and job duty detail which each time period noted.)

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(Attach additional sheets if necessary)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT / EXPERIENCE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date