California State University
SAN MARCOS
College of Education,
Health & Human Services

CEHHS College Services California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
Tel: 760.750.4277 cehhs-ss@csusm.edu www.csusm.edu/cehhs/studentservices/index.html

Verification of Employment as a CSUSM Intern*

*Must by filled out completely and signed by **Applicant** and **Employer***

1. APPLICANT INFORMATION

Applicant's Full Legal Name: _____

Social Security Number (*Last 4 Digits Only*): xxx-xx-_____ DOB: _____

2. EMPLOYING AGENCY

Title of Position: _____

Type of Credential Required: _____

Date of Initial Employment as an Intern (mm/dd/yy): _____

Employing District/Agency: _____

CDS#: 37-_____

Name of Immediate Supervisor: _____

Position of Immediate Supervisor: _____

Employer Address: _____

City: _____ State: **CA** Zip: _____

Telephone: _____

*To be filled out by **EMPLOYER***

I verify that the above-named applicant is employed in an appropriate intern position at this district/agency and that this district/agency has a collaborative internship agreement with CSU San Marcos for this type of credential and that this intern does not displace any certified employee.

Signature of Employer: _____ **Date:** _____

Name of Employer: _____

Title of Employer: _____

*To be filled out by **APPLICANT***

I certify that I have been admitted to the Education Specialist Credential Program at CSUSM and am employed in an appropriate intern position at this district/agency and that this district/agency has a collaborative internship agreement with CSUSM for this type of credential.

Signature of Applicant: _____ Date: _____

***THIS CANDIDATE WILL NOT BE RECOMMENDED FOR THE CREDENTIAL IF THIS FORM IS NOT FILLED OUT COMPLETELY AND SIGNED BY THE EMPLOYER**

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