



Instructor Verification Form

2025 - IV-0310

Instructor Candidate: _____

(If documents are submitted using more than one name, please provide all names above)

Requested Examination: _____

Dear Organization/Employer:

The person named above is applying for certification in the field in which they currently teach. To be eligible, the applicant must provide verifiable documentation of instructional experience from an NCCT-authorized organization, meeting one of the following criteria within the past five (5) years:

- For TS-C: A minimum of three (3) years of current, full-time instructional experience within the past five (5) years, teaching surgical technology.
- For all other certifications: A minimum of one (1) year of current, full-time instructional experience within the past five (5) years, teaching in the discipline for which they are seeking certification.

This documentation is required to confirm the applicant's eligibility.

The remainder of this form is to be completed by the applicant's current employer:

Today's Date (mm/dd/yyyy): _____

Organization/School Name: _____

Address/City/State/Zip: _____

What discipline does the applicant teach: _____

Employment Start Date: _____ End Date (if applicable) _____

By signing this form I am verifying that applicant named above is a past/current instructor at an NCCT authorized school.

Your signature and legible contact information are required for valid completion of this form.

Supervisor/Verifier Contact Information:

Supervisor/Verifier Title: _____

Supervisor/Verifier Printed Name: _____

Supervisor/Verifier Signature: _____

Phone: _____ Email: _____

Note: The supervisor/verifier that signs this document must be able to be contacted.