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| **MACTE On-Site Verifier Profile**  Please email this form to the MACTE office ([accreditation@macte.org](mailto:accreditation@macte.org)) along with your resume and copy of your credential(s). All resumes will be sent to the program for review of potential conflicts of interest prior to the proposed on-site visit. | | |
| **Verifier Information** | | |
| Name: | | Click here to enter text. |
| Home Address: | | Click here to enter text. |
| Email: | | Click here to enter text. |
| Telephone: | | Click here to enter text. |
| Program Level credentialed:  (IT, EC, EL I, EL I-II, SEC I, SEC I-II) | | Click here to enter text. |
| OSVT Training Date/Location: | | Click here to enter text. |
| Signature/Date:  (type name to electronically sign) | | Click here to enter text. |
| **Recommendations**  Please provide two letters of recommendation and list names of recommendations below. | | |
| Recommendation 1: | Click here to enter text. | |
| Recommendation 2: | Click here to enter text. | |
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| Thank you for your interest in serving the Montessori community. We look forward to working with you during the on-site verification process. | | |