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| **A colorful circle with a black triangle  Description automatically generated with medium confidenceMACTE On-Site Verifier Profile**Instructions: Please email this form to the MACTE office (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. |