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| **A blue circle with white text  AI-generated content may be incorrect.****MACTE 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: |       |
| Home Address: |       |
| Email: |       |
| Telephone: |       |
| Program Level credentialed:(IT, EC, EL I, EL I-II, SEC I, SEC I-II) |       |
| OSVT Training Date/Location: |       |
| Signature/Date:*(type name to electronically sign)* |       |
| **Recommendations**Please email two letters of recommendation to accreditation@macte.org and list the names and contact information of references below. |
| Reference 1: |  |
| Reference 2: |       |
| Thank you for your interest in serving the Montessori community. We look forward to working with you during the on-site verification process. |