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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](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: | |  |
| 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](mailto: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. | | |