



INTERNATIONAL TEST AND EVALUATION ASSOCIATION
4400 FAIR LAKES CT, SUITE 104 ~ FAIRFAX, VA ~ 703-631-6220
INFO@ITEA.ORG ~ WWW.ITEA.ORG

NEW T&E PROFESSIONAL VERIFICATION FORM

(less than 5 years of experience in test and evaluation)

New Professional: Please fill in your name and the ITEA Event that you will be attending on this form, and give/send to your supervisor for verification of your experience level. Your supervisor's verification is required to qualify for the special registration fee.

New Professional's Name: _____ Name of ITEA event: _____
--

Dear _____ (Name of Supervisor):

The above-named individual is applying for the New Professional registration rate for an ITEA event, and you have been selected as someone who can provide experience verification for him or her. Please answer all questions as completely as possible and mail or fax this form promptly to ITEA to expedite their registration. Attach additional sheets, if necessary. All information you provide will be kept confidential. Thank you.

1. I have known this individual since (month/year): _____
2. In what capacity or situation(s) have you been able to form a judgment of the individual's experience?

3. How would you describe the individual's experience in the field of test and evaluation?

4. Are there any reasons why you would recommend that the individual should NOT receive the New Professional (less than 5 years of experience in test and evaluation) registration fee?

No Yes (If 'Yes' please explain.)

Supervisor Signature: _____	Date: _____
Title: _____	Organization: _____
Address: _____	City: _____ State: _____ Zip: _____
Telephone No(s): _____	E-Mail Address: _____