



OPEC Recognition System Supervisor/Employer Verification

Part I – Completed by Applicant

- Use a separate form for each employer/organization
- List the number of hours engaged in **direct family support services**¹ and **parenting education instruction**²

Applicant Name			
Employer/Organization			
Title/Positions held			
Description of duties			
Start Date			
End Date			
Total hours engaged in direct family support services ¹			
Total hours engaged in parenting education instruction ²			
Additional Comments:			
Applicant signature		Date	

Part II – Completed by Supervisor/Employer

- Verification must be provided by a supervisor or an **employer authorized representative**³
- If self-employed, verification may be made by a client, mentor, or colleague

Verifier Name			
Employer/Organization			
Title/Position			
Relationship to applicant			
Email		Phone	
I certify that all of the above information pertaining to this individual’s work experience is true and correct to the best of my knowledge.			
Verifier Signature		Date	

¹**Direct family support services** refer to time spent working directly with parents, children, or families to provide either volunteer or professional support services other than parenting education instruction. Some examples may include case management, resource and referral, advocacy, assessment and screening, social work, child care, early childhood education, and K-12 education.

²**Parenting education instruction** refers to intentional, structured and documented instruction (with learning objectives) of actual service hours providing parenting education directly to parents and families. Some examples may include group facilitation of parenting classes or workshops, home visiting utilizing a parenting education curricula or addressing parenting skills through adult and child observation and processing, parent-child interaction with parent lab and lecture hours (not a play group), parent meetings with structured learning objectives related to the role of parenting, parent coaching (not therapy), and early intervention support/parent training.

³**Employer authorized representative** refers to individuals designated by the employer who have the authority to certify hours of employment and type of work experience as specified on this verification form.

For information regarding OPEC Recognition System criteria and requirements visit <https://orparenting.org/>