

Verification of Work Experience

This information is required for application approval for persons seeking certification based solely on experience or experience in combination with education. Submit as many copies of this form as necessary to achieve the required number of hours (note: one full-time year equals 2000 hours).

Employer _____

Applicant's Name _____

Applicant's Position _____

Contact Person _____

Phone _____

His/Her Title _____

Company Address _____

City _____ State _____ Zip (Postal Code) _____

Dates of Employment: From _____ To _____

Total Number of Hours in this Position _____

Responsibilities of Your Position:

My employer has reviewed my application and verifies all information given is correct.

Employer Signature (if signature unavailable, please explain why)

Print Name:



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