

ACTIVITY VERIFICATION FORM

PART I: To be completed by candidate. Submit two copies of this form. Please type or print.

Candidate's Name: _____

Activity of Accomplishment: _____

Below, briefly describe the accomplishment(s) being verified. Explain the accomplishment and **why** it is noteworthy.

Requested amount of contact hours: _____ (Complete Activity Verification Log.)

PART II: To be completed by person verifying. (Please print)

Is the candidate's description of their activities accurate? ___ Yes ___ No

How do you know of these activities?

Signature: _____

Name (please print): _____ Date: _____

Title or Position: _____ Phone #: (____) _____

Address: _____
