

APP# _____

**PROGRAM DIRECTOR/BOARD CHAIRPERSON
EXPERIENCE VERIFICATION FORM**

I _____ herein certify that
_____ has been employed
as a prevention specialist **, at _____
_____ for _____ hours*, from _____ to _____.

This program is licensed/accredited/recognized by (eg: Division of Substance Abuse, RI
Department of Education)

_____ as a _____
effective as of _____
Date

Signature Title

Date

*hours must be documented cumulatively(total of hours worked)
**describes a principle job function. Principal function must be prevention specialist.

PLEASE PHOTOCOPY AS NEEDED

**ATTACH OFFICIAL JOB DESCRIPTION FROM FACILITIES WHERE
EXPERIENCE IS SUBMITTED FOR CREDIT**