

**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: DOH, DMHRH, DOE)  
as a \_\_\_\_\_

effective as of \_\_\_\_\_ .  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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**