

Supervised Hours Working with Children Verification Form

*(Applicant: This form is to be completed by all places from which you are submitting hours.
A verification letter on official letterhead may be substituted for this form.)*

Applicant: _____

Institution: _____

Hours completed: _____

Type of experience – check one

- Working/volunteering within a structured environment with well children
- Working/volunteering with children and/or families in a stress-related environment
- Working/volunteering in programs designed for children with special needs
- Working/volunteering within a healthcare setting

Description of responsibilities/interactions with children and/or families:

Signature/Credentials: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____