

WORK EXPERIENCE VERIFICATION FORM

Date: _____

This document is to describe and verify the work experience of (student's name) _____ in our facility.

Category of Experience:

_____ Community – Clinical Nutrition

_____ Foodservice

Description of Activities:

Number of hours of experience gained _____

Name and contact information of supervisor of the event/job (please attach business card or duplicate this form on facility letterhead).

Name _____

Title _____

Name of facility or organization _____

Address: _____

Phone number: _____ E-Mail _____

Please share any additional comments below: