

9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 www.dhp.virginia.gov/counseling Email: coun@dhp.virginia.gov (804) 367-4610 (Tel) (804) 527-4435 (Fax

VERIFICATION OF EXPERIENCE FOR REHABILITATION PROVIDER CERTIFICATION

This form is to be filled out by the supervisor when supervision is completed. Submit one form for each supervisor verifying experience.

I. APPLICANT INFORMATION (To be completed by applicant)							
Applicant's Name:		Soci	Social Security or DMV Control Number:				
II. SUPERVISOR INFORMATION							
Name: Social Security or Virginia DMV Control Number							
Business Address:	ss Address: Telephone						
Number of years experience in provision of rehabilitation services:							
License/Certificate Title	Number		Issuing State or	Initial Date of	Expiration		
(Submit Form 4 if out-of-state)			Agency	Licensure/ Certification	Date		
			<u>. </u>				
III. PERIOD OF SUPERVISION From: To:							
IV. TYPE OF EXPERIENCE APPLICANT RECEI	IVED UNDER YOUR SU	JPER	VISION				
Internship (Applicant must submit an official transcript documenting completion of the internship)							
In-Service Training							
On-the-Job Experience							



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V. DOCUMENTATION OF TRAINING. The regulations define "Training" as "the educational component of on-the-job experience."

Copies of certificates or diplomas must be included with this form to document in-service training. If this documentation is not available, the supervisor must verify the training by signature. Training, alone or in combination with work experience must add up to 2,000 clock hours. One C.E.U. is equivalent to one clock hour.

Course or Workshop

Content

Clock Hours

Supervisor's Signature

Course or Workshop	Content	Clock Hours	Supervisor's Signature			
TOTAL HOURS OF TRAINING:						
VI. DOCUMENTATION OF WORK EXPERIENCE						
Duties performed by applicant under your supervision:						
-						



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TOTAL HOURS OF WORK EXPERIENCE:							
VII. PERSONAL INSTRUCTION							
Hours of personal instruction	Per week (avg.):	Total:					
Hours of personal instruction that was face-to-face:		Total					
VIII. ASSESSMENT OF COMPETENCE In your opinion, has the applicant demonstrated compe							
If no, please explain. Include any additional supervision or training that you feel the applicant needs:							
IV DECLADATION. I dealess that to the heavy of so the	oviledge the forces in a little	as and compat					
IX. DECLARATION: I declare that to the best of my known	owieage, the foregoing is tri	ue and correct.					
Cym agrigan Cianatyna	Dete						
Supervisor Signature	Date						