

VERIFICATION OF EMPLOYMENT / EXPERIENCE FOR ATHLETIC TRAINING LICENSURE APPLICANTS

Part of State Form 46715

APPLICANT: Complete the top section of this form, then forward it to your employer. You are authorized to photocopy this form as necessary.		
Name of applicant (<i>last, first, middle, maiden or given surname</i>)		
Address (<i>number and street or rural route, city, state, and ZIP code</i>)		
Social Security number *	Date of birth (<i>month, day, year</i>)	Telephone number (<i>daytime</i>) ()
I hereby authorize _____ to furnish the Professional Licensing Agency with the information below.		
Signature of applicant		Date (<i>month, day, year</i>)

The remainder of this form must be completed by the employer and returned to the applicant to upload as part of the application process.		
Name of employer		
Name of business / institution where employed		
Address of business / institution (<i>number and street, city, state, and ZIP code</i>)		

Telephone number of business / institution ()	Date employment began (<i>month, day, year</i>)	Date employment ended (<i>month, day, year</i>) (<i>If currently employed, please indicate</i>)
Number of hours applicant worked per week	Position held	E-mail address
The applicant pursuant to my order, control, and full professional and legal responsibility as an employer has performed the above-indicated experience. I do hereby declare that the information contained herein is true and correct.		
Signature		Date (<i>month, day, year</i>)
Printed name	Title	

ALL INFORMATION ON THIS FORM MUST BE TYPED OR CLEARLY PRINTED.