



National Certification Council for Activity Professionals  
Enriching Lives Through Person-Centered Engagement  
1201 Connecticut Ave, Suite 600, Washington DC 20036 | info@nccap.org

## Documentation of Activity Experience Format Sample

Please complete and print this form on **your** facility or program's official letterhead to verify hours

[Company Name]  
[Street Address]  
[City, ST ZIP Code]

[Date]

Dear NCCAP:

This letter is to verify the activity experience of [**Applicant's First and Last Name**], who works for [**Company Name**] as a [**Employee Title**] from [**start date**] to [**end date or current**]. [**He/She**] [**was or is**] a [**full-time or part-time**] employee working with residents in a continuum of care setting. During this time, [**He/She**] has worked [**total number of hours**]. If you have any questions or need more information, please contact me at [**Supervisor's phone number/email address**].

Sincerely,

[Name of Supervisor]  
[Title of Supervisor]