



National Certification Council for Activity Professionals

*Enriching Lives Through Person-Centered Engagement*

3015 Upton Drive, Suite 103, Kensington, MD 20895 USA | (757) 552-0653 | 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 [actual 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]