



## National Certification Council for Activity Professionals

National Center for Montessori and Aging

3015 Upton Drive Ste 103

Kensington, Maryland 20895 USA

T: 757-552-0653 E: [info@nccap.org](mailto:info@nccap.org)

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### Documentation of Activity Experience

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 **[date and year]** to **[date and year]**. **[He/She]** **[was or is]** a **[full-time or part-time]** employee working with residents/clients 55+ years in an older adult care setting. During this time, **[He/She]** has worked **[actual total number of hours]** with in the past 5 years. 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]**