**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]**