



National Certification Council for Activity Professionals

Setting Standards of Excellence for Quality of Life through Education

317 Office Square Lane, Suite 202A, Virginia Beach, VA 23462 USA | (757) 552-0653 | info@nccap.org

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]