Verification of Experience Exception Template

The Following page is NACP's Verification of Experience Exception Form and is for the applicant's current supervisor to verify the applicant's past experience as a victim advocate when prior agency records are no longer available or the affiliated agency no longer exists.

Print the template on the following page on your current agency letterhead to create the official form.

Verification of Experience Exception

This document certifies that the NACP® credentialing applicant named below provided direct services to persons victimized by crime. The document verifies the applicant's hours of experience to satisfy the credentialing requirements.

Applicant's Name: _____

Position held by applicant: _____

☐ Applicant's position specifically provided direct services to crime victims.

Prior agency under which the applicant provided victim advocate services:

Agency name: _____
Address: _____
Phone: _____
Prior agency supervisor's name: _____
Prior agency supervisor's title: _____

Applicant's position category: ☐ Employee ☐ Volunteer

☐ Other (Please specify) _____

Dates of Service: Start date: _____ End date: _____

Employment/volunteer status & hours per week:

☐ Full-time Number of hours per week: _____

☐ Part-time Number of hours per week: _____

Confirmation:
I have the authority to verify the applicant's prior employment, volunteer, or internship/practicum experience and I certify that the affiliated agency indicated above no longer exists. ***I certify under 28 U.S. Code s. 1746, penalty of perjury, that the information in this document is true and correct.***

Signature: _____ Date: _____

Print Name: _____ Title: _____

Affiliation to Applicant: _____

Phone Number: _____ Email: _____