

## **Experience Verification Form**

Applicant's Name		
Verifying Professional's Conta	act Information	
Name		
Title		
Company name		
Address		
City, province, postal code		
Phone no.		
Email		
In accordance with the requirement program, offered through the Asso to obtain the CCAP certificate and cexperience or three if enrollee has provided), which must be verified be previous employer.  The undersigned verifies that the C	ociation of Administrative Profess designation must possess at leas a Bachelor of Administration (co by someone in a management po	ionals (AAP), members who wish t five years of administrative py of certificate must be sition, either with a current or
as an administrative professional.	CAP Candidate possesses a minii	mum of five years of experience
Verifier name (please print)	Verifier signature	Date

