Verification of Professional Involvement

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of organization/service:

Contact information:

Describe how this organization or service is related to Kinesiology or the field of health care

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| Date | Total Hours | Organization | Activity Performed | Name of Verifier | Verifier Signature | Verifiers Phone number | Verifiers email |
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