

Practice Hours Verification Form

- Use this form to report your practice hours.
- Practice hours may include employment and volunteer hours.
- Complete one form for each employer or volunteer role.

Name _____ RDA# _____

PRACTICE HOURS FOR MY CCP RECORDS

Plan Year _____ Number of Hours Completed _____

- complete Verification below
- upload this completed form to your Practice Hours record at *My Practice Hours*

PRACTICE HOURS FOR MY REGISTRATION OR REINSTATEMENT APPLICATION

Number of Hours Completed Within Last 3 Years _____

Type of Services Provided _____

Hours Completed Between _____ and _____
Start Date End Date

- complete Verification below or attach documents that verify your practice hours
- attach this form to your registration or reinstatement application

Verification

Your employer or volunteer organization representative may verify your practice hours.

Employer or Volunteer Organization _____

Verified By (print name) _____

Signature _____ Date _____

Job Title/Position _____

Contact Information _____
(Phone, Address or Email)