

EXHIBIT I

COMMUNITY SERVICE / PROFESSIONAL ORGANIZATION VERIFICATION

To whom it may concern:

My signature below confirms that

(Applicant Name)

has participated in the following:

(title of event, office held, task force, program, committee, other)

on _____ from _____ to _____ Total Hours _____
(date) (time)

at _____
(location)

I can be reached at _____.
(phone #)

Signature / Title	Date
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This form can be used for documentation of volunteer activity, attendance at a professional organization business meeting, or other type of involvement within a professional organization.

Describe the above activity and objectives as related to your Nursing practice.
