

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

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.

