



Experience Verification Form

Date: _____

Dear Employer:

Ms./Mr. _____ is taking our Personal Support Worker (P.S.W.) training and is applying for credits towards her/his clinical practice requirements. In order to assist us in our assessment process, we need documented proof that she/he has experience performing similar functions and duties of a Personal Support Worker (P.S.W.).

Could you please verify or confirm the following:

Name of Employer: _____

Type of Work: Paid Employment Volunteer

Employed from _____ TO _____

Address: _____

Duties and Responsibilities: _____

How would you rate her/his work performance?

Rather not say Poor Decent. Satisfactory Above Average Excellent

Are there any other comments that you wish to make? If YES, use space below:

Name and Title of person Providing information: (Please Print)

Date of Issue: _____

Name: _____

Signature: _____

Tel: _____