EXHIBIT G:

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.

_____
_____
_____
_____
_____
_____
_____