



PLEASE PRINT CLEARLY IN BLUE INK

Applicant's Name: \_\_\_\_\_

This form should be completed by a professional colleague, coaching professional or supervisor who is familiar with your work performance and coaching competency. Include this form with your application packet.

I am applying to the Center for Credentialing & Education (CCE) for the Board Certified Coach (BCC) credential. I am required to provide documentation of my experience as a coach. Please complete the information below and return the form to me. My application cannot be processed without this form.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

INFORMATION BELOW TO BE COMPLETED BY EXPERIENCE VERIFIER (not applicant)

Please complete all information below. If you make an error, do not use correction tape or correction fluid. Mark through the error, write the correction above or beside it and initial the correction.

I verify that the applicant named above provided coaching from \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy) after completing his/her highest level of education.

I verify that during the above-mentioned time period, the applicant completed \_\_\_\_\_ total hours of experience as a coach. This applicant was/is employed in the position of (job title) \_\_\_\_\_.

Briefly identify and describe all experience related to coaching. \_\_\_\_\_

\_\_\_\_\_

To the person verifying experience: Please provide the following information about yourself. Please print.

1. Your Name: \_\_\_\_\_
2. Agency/institution: \_\_\_\_\_
3. Your title at agency/institution: \_\_\_\_\_
4. Your current telephone number (required): \_\_\_\_\_

Verifier's Original Signature (**blue** ink signature required) \_\_\_\_\_

Date \_\_\_\_\_

**VERIFIER OF EXPERIENCE:** Please return this form to the applicant.

VERIFICATION OF EXPERIENCE FORM