

2. **Workshops, Seminars, Other Training:** List the institution, seminar/workshop title, date, and number of hours for all seminars/workshops/etc... that apply to the field or discipline in which the equivalency is requested. Do not state "see resume." **Attach all workshop and/or seminar certificates.**

Institution	Title of Seminar/Workshop	Dates	# Hours

Total # Hours: _____

3. **Work Experience:** List the name of employer, primary duties, and dates for all full-time and part-time employment that apply to the field or discipline in which the equivalency is requested. Do not state "see resume."

Name of Employer	Primary Duties	Inclusive Dates				Avg # Hrs/wk	# Yrs./Mos.
		From		To			
		Mo.	Yr.	Mo.	Yr.		

Total # Yrs./Mos.: _____

I certify that all of the foregoing statements are true, correct, and complete. I understand that the equivalency will be revoked if the information presented in this document is found to be untrue or incorrect.

Print Name

Sign Name

Date