

CedCA Certifications



Qualification by Experience Form

To be completed by the applicant:

Name _____ Date ____/____/____

Address _____

Phone _____ Email Address _____

Work Experience (i.e. duties, responsibilities, job description, etc.)

What certification are you applying for based upon your work experience? _____

I _____, allow the information on this application to be forwarded to CedCA Certifications.

Signature of Applicant _____

Must be completed by the applicant's direct supervisor

The person above is applying for certification based upon work experience. As such, the applicant must have documentation reflecting full-time work experience in the certification for which they are applying. An employer can only verify work experience performed at their own facility.

Applicant's employment dates from ____/____/____ (month/year) through to ____/____/____

Supervisor Contact Information:

Organization Name _____

Address _____

Phone Number _____ Email Address _____

Title _____

Print Name _____

Signature of Supervisor _____ Date ____/____/____

Return form together with \$89. Certification fee (Money Order Only) to:

CedCA Certifications

376 S. Bayview Ave.

Freeport, NY 11520