## Kinesiology Verification of Experience Form

Applicant information:		
Name (please print)		OC I.D. #
Address:		Telephone Number:
I.		
nysical Activity and Sport Expe	erience Information:	
		zed sport or physical activity. Consider
		orts teams, regular group fitness classes or a
ructured individual fitness training progr	ram. Leadership experience wi	ithin any of these activities should be
ghlighted as an asset.		
r each item you are required to list:		
x A general description of the activ	rity including location, start date	e, end date, total number of weeks, average
number of hours per week.	,	-
•	ness professional contact pers	on (e.g., physical education teacher, sport
coach, or certified fitness profess		
ocacii, oi ocitimoa iniioco proioco	merically write estatic verify and exp	
General description of the activity:		
Location:		
Start Date:	End Date:	Total Number of weeks:
Average number of hours per week:	Liid Date.	rotal Number of weeks.
Contact Person:		
	5.	
Job Title:	Phone or email:	
General description of the activity:		
Location:		
Start Date:	End Date:	Total Number of weeks:
Average number of hours per week:		
Contact Person:		
Job Title:	Pr	none or email:

