



# APPLICATION

NACAS  
Phone 434-245-8425

[www.nacas.org/member-benefits/casp/](http://www.nacas.org/member-benefits/casp/)

[casp@nacas.org](mailto:casp@nacas.org)

**Part C: Verification of Experience**

This Verification of Experience Form should be completed for each position the applicant has listed on Part C: Documentation of Eligibility: Experience. If completing online, you will receive a copy of your application via email; please print this page and have your verification signed.

This form is to be completed by an employer, supervisor, or human resources personnel who can verify the applicant's experience in auxiliary/ancillary services related areas, and specifying if this was in higher education auxiliary/ancillary services. Applicants should have an employer complete this form (as many as are necessary to document the required hours).

After completion it should be provided back to the applicant for submission with his or her application.

The CASP program certifies that individuals have met a standard for auxiliary/ancillary services professionals and that these individuals are viewed as meeting those competencies which, in the eyes of their peers, are necessary to perform the functions normally accomplished by a director of auxiliary/ancillary services. Auxiliary/Ancillary work areas that will be considered:

- Leadership
- Management
- Marketing, Communications and Business Relations
- Student Development
- Physical Facilities, Food Services, Bookstores, Card Services, Commercial/Retail

**Applicant Information Requested for Verification (Completed by Applicant)**

Name of Applicant: \_\_\_\_\_

Experience to be Verified: Institution or Company, Title, Dates of Employment, Areas of Responsibility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verification Completion (completed by appropriate institutional or company representative as defined above):**

Name/Title of Person Verifying Experience: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Verifier's Email Address and Phone Number: \_\_\_\_\_

I verify that the employment as listed above is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_