

Care Extender Program

Hours Verification Request Form

INFORMATION ON RECORD

LAST NAME

FIRST NAME

EMAIL

PHONE

HOURS VERIFICATION REQUEST (CHOOSE ONE)

I am requesting service hours documentation of my time completed in the program to date.

Documentation of service hours lists the date of service, service assignment, hours of each shift and a total of all hours. The documentation does not list the total number of hours for each department assignment.

I am requesting a letter of verification of my hours completed in the program to date.

A letter of verification lists a general description of the program, the amount of time you have spent in the program, and the number of hours completed. The letter of verification is not the same as a letter of recommendation.

INSTRUCTIONS

- Submit completed form to the Administrative Coordinator at CEAdmin@mednet.ucla.edu
- Please allow at least 72 hours for processing
- Documentation will be emailed to the email address listed on the form above

CARE EXTENDER SIGNATURE

DATE