

EQUIVALENCY STATEMENT FORM (Continued)

B. Workshops, Seminars, or Other Training: List the institution, seminar/workshop title, and number of hours that apply to the field or discipline in which the equivalency is requested. Attach additional sheets if necessary.

Institution	Title of Seminar/Workshop	Dates	# Hours

C. Work Experience: List the company, duties and dates for employment that applies to the field or discipline in which equivalency is requested. Do not state "see resume." Attach additional sheets if necessary.

Company/Organization	Title	Dates	(FT/PT)	# Yrs/Mos

Part 3: Additional information to support application for equivalency.

Professional memberships and/or organizational activities:

Accomplishments:

Specialized skill, knowledge, and ability:

Part 4: List the name, address and phone number of three (3) references who will attest to your education, experience, and knowledge being equivalent to the minimum qualifications.

Name	Address	Telephone

I CERTIFY THAT ALL THE FOREGOING STATEMENTS ARE TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, I UNDERSTAND I MAY BE SUBJECT TO DISMISSAL IF THEY ARE FOUND TO BE INCOMPLETE OR INCORRECT.

PRINT NAME

SIGNATURE

DATE