

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 |
|-------------|---------------------------|-------|---------|
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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 |
|----------------------|-------|-------|---------|-----------|
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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 |
|------|---------|-----------|
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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