

## **Eligibility**

The following qualifications must be met prior to applying for certification:

Completion of a total of four years (8,000 hours) experience in the category for which certification is requested. A form which can be used to substantiate employment is included (see below).

If you have been self-employed, you must sign an affidavit of eligibility (see below), or provide letters from clients that clearly state the type of work performed, number of hours worked and dates of service.

If you are using volunteer or paid work experience to meet the minimum qualifications, you must provide a letter from your employer(s) or supervisor(s) or some other work record that clearly states the length of service, type of work performed, and agency or organization for whom the work was performed. A sample verification form is provided below, which may be photocopied and distributed to your employer or supervisor.

**APPENDIX B**

**VERIFICATION OF WORK EXPERIENCE**

This information is required for application approval for persons seeking certification based solely on experience or experience in combination with education. Submit as many copies of this form as necessary to achieve the required number of hours (note: one full-time year equals 2000 hours).

Employer \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Position \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

His/Her Title \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip (Postal Code) \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Total Number of Hours in this Position \_\_\_\_\_

Responsibilities of Your Position:

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

My employer has reviewed my application and verifies all information given is correct.

Employer Signature (if signature unavailable, please explain why)

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

AFFADAVIT FOR SELF-EMPLOYED INDIVIDUALS

I affirm that I have at least 8,000 hours of professional work experience in the category for which I have applied as indicated below:

(Check one)

- Certified Heritage Interpreter (CHI)
- Certified Interpretive Manager (CIM)
- Certified Interpretive Planner (CIP)
- Certified Interpretive Trainer (CIT)

Description of professional work experience:

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I understand that a false statement in this affidavit will result in loss of certification if the National Association for Interpretation's Certification Review Board makes a determination to that end.

Signature of Applicant: \_\_\_\_\_

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

Signature of Witness (unrelated adult): \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

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