Kinesiology Verification of Experience Form

Applicant information:		
Name (please print)		OC I.D. #
Address:		Telephone Number:
I.		
nysical Activity and Sport Expe	erience Information:	
		zed sport or physical activity. Consider
		orts teams, regular group fitness classes or a
ructured individual fitness training progr	ram. Leadership experience wi	ithin any of these activities should be
ghlighted as an asset.		
r each item you are required to list:		
x A general description of the activ	rity including location, start date	e, end date, total number of weeks, average
number of hours per week.	,	-
•	ness professional contact pers	on (e.g., physical education teacher, sport
coach, or certified fitness profess		
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General description of the activity:		
Location:		
Start Date:	End Date:	Total Number of weeks:
Average number of hours per week:	Liid Date.	rotal Number of weeks.
Contact Person:		
	5.	
Job Title:	Phone or email:	
General description of the activity:		
Location:		
Start Date:	End Date:	Total Number of weeks:
Average number of hours per week:		
Contact Person:		
Job Title:	Pr	none or email:

