

CFE HOURS CONFIRMATION FORM
WITH THE EXCEPTION OF THE REQUIRED SIGNATURES THIS FORM MUST
BE TYPED

Student Name

ASU ID Number

Student's ASU E-mail Address: Please indicate if this was a: volunteer paid experience

Dates of Experience:

Total Hours:

Student's Degree Program (TDM, NLM, PRM, PRM-TR, CSM, CNP, Events):

Agency Name:

Agency Address:

Agency Web Address:

Name of Supervisor:

Supervisor's Title :

Supervisors E-mail Address:

Supervisor's Phone Number:

Experience Description:

Please check all the categories which applied to this experience

- Boards, Commissions, Committees Meetings
- Legal Aspects
- Human Resource Management
- Fiscal Management
- Marketing, Public Relations, Community Engagement
- Leadership
- Maintenance Operations of Equipment, Vehicles and/or Facilities
- Office, Facility, Park Operations
- Programming, Special Events, Fundraising
- Internal Agency Communications, Operations, Functioning
- Computer Software, Social Media

Recreation Therapy Students Only

- Professional relationships and responsibilities
- Assessment
- Plan interventions and/or programs
- Implement interventions and/or programs
- Evaluate outcomes of the interventions and/or programs
- Document intervention services
- Treatment teams and/or service providers
- Develop and maintain programs
- Manage TR/RT services
- Awareness and Advocacy

Student Signature:

Supervisors Signature: