

## Addiction Professionals of South Carolina Work Experience Form

Applicant Name: \_\_\_\_\_ Certification Applied for: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Current Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type of Employment (Full or Part-time): \_\_\_\_\_

Total Number of Hours Worked (NOT hours/week): \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date