CFRE will accept verification by a manager, supervisor, or colleague who has firsthand knowledge of the Service Learning experience listed on your application through completion of the verification form below.

**Section 1 – To be completed by CFRE candidate**

**Candidate Name:**

**Organization Name:**

**Candidate Email:**

**Candidate Phone Number:**

**Service Learning Type:** Choose an item.

**Start Date:**

**End Date:**

**Service Description:**

**Section 2 – To be completed by verifying party**

**CFRE Experience Verification Form**

One in every 10 CFRE applications for initial and recertification is randomly selected for audit to ensure the accuracy and validity of the data provided. This enables CFRE International to maintain the honor system for the other 90% of applications, while still meeting guidelines for independent accreditation, something no other professional certification for fundraisers offers.

I hereby verify that the information provided is correct. Yes [ ] No [ ]

If NO, please explain:

**Manager/Supervisor/Colleague Name:**

**Title:**

**Organization:**

**Email:**

**Signature:**