

# APPENDIX III: PROSTART® WORKPLACE VALIDATION FORM

## ProStart® Student Workplace Validation Form

(Revised August, 2006)

Valid 2006–2007 Academic School Year



Students who have completed their *Student Work Experience Checklist* must include this *Student Workplace Validation Form* (signed by the State Restaurant Association ProStart Coordinator) as verification of work hours. Upon processing this Form and verifying the student passed both ProStart Year 1 and Year 2 Final Examinations, a *ProStart National Certificate of Achievement* will be issued by the NRAEF and mailed back to the address on file (indicated on the last ProStart class the student participated in).

Please fax completed forms to the NRAEF at 312.566.9733 and call to confirm receipt at 800.765.2122, ext. 311.

### IMPORTANT

- *Signed Form must be submitted by the specified due date to be considered for a Scholarship.†*
- This Form should not be submitted until the student has taken both ProStart Year 1 and Year 2 Final Examinations.
- Do not mail this form in with your Examination Answer Sheets.
- The student must pass both Examinations in order for this Form to be processed and a certificate released.

**It is important that the name exactly match the name in the NRAEF computer system. Please print clearly!**

Student Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School Phone # \_\_\_\_\_

Teacher Name \_\_\_\_\_

|   |  |
|---|--|
| 1. Where was the student employed?  | <b>Please List:</b>  |
| 2. Was an employment agreement outlining the terms and conditions of the student's internship signed, on file, and adhered to during work experience?   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   |
| 3. Has student provided proof of at least 400 hours of hospitality-related work experience? (This proof can be submitted in letter form from the employer or by submitting pay stubs.)*<br><i>*Alternative internship hour activities must be approved by ProStart Program Coordinators, and must involve ProStart workplace competencies or learning objectives.</i> | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br><b># Alternative Hours:</b><br><b># Regular Hours:</b> |
| 4. Has the student achieved a minimum of 50 of the 72 competencies signed off by the employer(s)?   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   |
| 5. Has the student taken both Year 1 and Year 2 Final Examinations?<br><i>If not, please do not submit this Form!</i>   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   |

I declare that this student has successfully completed the ProStart work experience requirements as outlined by the National Restaurant Association Educational Foundation.

Signature: State Restaurant Association ProStart Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

† For the most current information and version of this Form, please visit [nraef.org](http://nraef.org)