



****2014-2015 School Year****

ProStart® Student Workplace Validation Form

(Revised November, 2013)

Students who have completed their *Student Work Experience Checklist* must include this form, signed by the **State Restaurant Association ProStart Coordinator**, as verification of work hours. Upon processing of this form and verifying the student passed both Level/Year 1 and Level/Year 2 Final Examinations a *ProStart National Certificate of Achievement* will be issued and mailed back to the address on file (based on the last ProStart class the student participated in). Please mail/fax this form, along with the *Student Work Experience Checklist* and verification of work hours, to your **State Restaurant Association ProStart Coordinator**. Completed forms are due to the NRAEF by September, 2015.

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 passed both Level/Year 1 and Level/Year 2 Final Examinations.
- Do not mail this form in with your Examination Answer Sheet.

IT IS IMPORTANT THAT THE NAME MATCH THE NAME IN THE NRAEF'S COMPUTER SYSTEM EXACTLY. PLEASE PRINT CLEARLY!

Student Name:	Soc. Sec. #:
School Name:	Educator Name:
School Address:	School City, State, Zip:
Level/Year 1 Examination Grade:	Level/Year 2 Examination Grade:
*Worksite(s)	
Employer Name:	
Address:	
City, State, Zip:	
DO NOT WRITE BELOW THIS LINE.	
1. Was an employment agreement outlining the terms and conditions of the student's internship signed, on file and adhered to during work experience?	FOR SRA USE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has student provided proof of at least 400 hours of hospitality-related work experience? (This proof can be submitted by copies of pay stubs or in letter form from the employer) *Alternative internship hours must be approved by State ProStart Coordinators, and must involve ProStart workplace competencies or learning objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No Alternative Hours: Regular Hours
3. Has the student achieved a minimum of 52 of the 75 competencies signed off by the employer(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No # Completed:
4. Has the student passed both Level/Year 1 and Level/Year 2 Final Examinations? If not, please do not submit this form!	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare that this student has successfully completed the work experience requirements as outlined by 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 www.nraef.org

Level/Year 1 Person ID	Level/Year 2 Person ID
Level/Year 1 Class ID	Level/Year 2 Class ID
Level/Year 1 Answer Sheet #	Level/Year 2 Answer Sheet #