



ProStart® Student Workplace Validation Form

(Revised August, 2008)

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 Year 1 and Year 2 Final Examinations, the *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 ProStart Coordinator**.

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 ProStart Year 1 and Year 2 Final Examinations.
- Do not mail this form in with your Examination Answer Sheets.

IT IS IMPORTANT THAT THE NAME EXACTLY MATCH THE NAME IN THE NRA SOLUTIONS COMPUTER SYSTEM. PLEASE PRINT CLEARLY!

Student Name:	Soc. Sec. #:
School Name:	Teacher Name:
School Address:	School City, State, Zip:
Year 1 Examination Grade:	Year 2 Examination Grade:

*Worksite(s) _____

Employer Name: _____

Address: _____

City, State, Zip: _____

DO NOT WRITE BELOW THIS LINE.

FOR SRA USE ONLY

1. 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"/> 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) <i>*Alternative internship hours must be approved by state ProStart Coordinators, and must involve ProStart workplace competencies or learning objectives</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Alternative Hours: _____ Regular Hours: _____
3. Has the student achieved a minimum of 50 of the 72 competencies signed off by the employer(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No # Completed: _____
4. Has the student passed both Year 1 and Year 2 Final Examinations? <i>If not, please do not submit this form!</i>	<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 Solutions.

Signature: **State Restaurant Association ProStart Program Coordinator**

Date

† For the most current information and version of this form, please visit www.prostart.restaurant.org

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Year 1 Person ID	Year 2 Person ID
Year 1 Class ID	Year 2 Class ID