



PARENT'S TOOLSHOP GROUP FACILITATOR PRE-CERTIFICATION

WITNESS VERIFICATION FORM

GROUP FACILITATOR APPLICANT NAME: _____

The Group Facilitator Applicant named above has witnessed the number of hours shown below.

In-Person Classes: (attach copy of any participation/graduation certificates)

Date(s) Attended: _____ Location (City/State): _____

Instructor Name: _____ Number of Hours Verified: _____

Instructor Signature: _____

Date(s) Attended: _____ Location (City/State): _____

Instructor Name: _____ Number of Hours Verified: _____

Instructor Signature: _____

Date(s) Attended: _____ Location (City/State): _____

Instructor Name: _____ Number of Hours Verified: _____

Instructor Signature: _____

Videos: (attach copy of purchase receipt)

Date(s) Viewed: _____

Name of video (or toolset it covered) _____

GF Presenter: _____ Number of Hours Viewed: _____

Date(s) Viewed: _____

Name of video (or toolset it covered) _____

GF Presenter: _____ Number of Hours Viewed: _____

Date(s) Viewed: _____

Name of video (or toolset it covered) _____

GF Presenter: _____ Number of Hours Viewed: _____

Total Number of Hours Verified Above (Minimum 4 hours required for certification): _____