Date

Dear Rick Hansen Foundation,

**RE: FIELD EXPERIENCE REQUIREMENT FOR RHFAC PROFESSIONAL DESIGNATION**

This letter is to confirm that **Enter Candidate Full Name** has completed the necessary field experience requirement to become a Rick Hansen Foundation Accessibility Certification™ (RHFAC) Professional under my supervision.

The candidate has conducted onsite visits and completed the *RHFAC Ratings Workbook* (excel file) for the following 5 (five) sites, totaling a minimum of 20 hours:

**Site 1**

|  |  |
| --- | --- |
| **Site Name** | *Enter Site Name* |
| **Client Organization** | *Enter Organization Name* |
| **Site Address** | *Enter Street Address, City, Province* |
| **Onsite Visit Date** | *Enter Date (dd/mm/yyyy)* |
| **Registration Number**  | *Enter Registration Number from Registry (RHF-XXX-XXXXX)* |
| **Total Number of Hours** | *Enter Hours for Onsite Visit & Workbook* |

**Site 2**

|  |  |
| --- | --- |
| **Site Name** | *Enter Site Name* |
| **Client Organization** | *Enter Organization Name* |
| **Site Address** | *Enter Street Address, City, Province* |
| **Onsite Visit Date** | *Enter Date (dd/mm/yyyy)* |
| **Registration Number**  | *Enter Registration Number from Registry (RHF-XXX-XXXXX)* |
| **Total Number of Hours** | *Enter Hours for Onsite Visit & Workbook* |

**Site 3**

|  |  |
| --- | --- |
| **Site Name** | *Enter Site Name* |
| **Client Organization** | *Enter Organization Name* |
| **Site Address** | *Enter Street Address, City, Province* |
| **Onsite Visit Date** | *Enter Date (dd/mm/yyyy)* |
| **Registration Number**  | *Enter Registration Number from Registry (RHF-XXX-XXXXX)* |
| **Total Number of Hours** | *Enter Hours for Onsite Visit & Workbook* |

**Site 4**

|  |  |
| --- | --- |
| **Site Name** | *Enter Site Name* |
| **Client Organization** | *Enter Organization Name* |
| **Site Address** | *Enter Street Address, City, Province* |
| **Onsite Visit Date** | *Enter Date (dd/mm/yyyy)* |
| **Registration Number**  | *Enter Registration Number from Registry (RHF-XXX-XXXXX)* |
| **Total Number of Hours** | *Enter Hours for Onsite Visit & Workbook* |

**Site 5**

|  |  |
| --- | --- |
| **Site Name** | *Enter Site Name* |
| **Client Organization** | *Enter Organization Name* |
| **Site Address** | *Enter Street Address, City, Province* |
| **Onsite Visit Date** | *Enter Date (dd/mm/yyyy)* |
| **Registration Number**  | *Enter Registration Number from Registry (RHF-XXX-XXXXX)* |
| **Total Number of Hours** | *Enter Hours for Onsite Visit & Workbook* |

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/RHFAC Professional Signature Date

**Supervisor Information**

To be completed by supervising RHFAC Professional:

|  |  |
| --- | --- |
| Full Name | *Name of supervisor* |
| Organization | *Employer of supervisor* |
| Email address | *Email of supervisor* |
| Phone Number | *Phone number of supervisor* |
| RHFAC Professional Membership Number | *XXXXXX* |