

2019 / 2020
Vermont Victim Assistance Academy

COURSE MAKE-UP VERIFICATION FORM

If you choose to submit any make-up coursework, you must print, complete, sign and send in this Verification Form along with your completed assignment. You may scan and email the form to outreach@ccvs.vermont.gov, fax to 1-802-241-4337, or mail to: VCCVS, Attn: CET Department, 58 S. Main Street, Suite #1, 05676.

Make-up assignments may be applied to up to TWO missed course days for a *Level Two Certificate of Completion*, or applied to up to ONE missed course day for a *Level Three Certificate of Full Completion*.

Full Name: _____

1) Session, Day and Date Missed:

Session: _____ Day: _____ Date: _____

Corresponding Make-Up Assignment/s Completed:

2) Session, Day and Date Missed:

Session: _____ Day: _____ Date: _____

Corresponding Make-Up Assignment/s Completed:

I am interested in a:

Level Two Certificate of Completion

Level Three Certificate of Full Completion
(Advocate Credential)

Signature

Date