



COACHING VERIFICATION FORM

NAME _____ PHONE # _____

E-MAIL _____

**Please fill out the section below for 3 wellness points per coaching event*

Proof of completion is required. An e-mail from the coaching staff or completion of this form will stand as verification. Certificates of completion or demonstration of the completed program (to a HR employees) will be required for any online programs. You

Name of Coaching Program _____ Date Started _____

Signature of Coaching Official _____ Date of completion _____

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I certify that the above information is correct.

_____ Signature

_____ Date