|  |  |
| --- | --- |
| CommandantUnited States Coast Guard | 2703 Martin Luther King Jr. Ave SEStop 7902Washington, DC 20593-7902Staff Symbol:Phone:Fax: Email: XX XXX 2015 |

**MEMORANDUM**

|  |  |  |  |
| --- | --- | --- | --- |
| From: | I. Approve, CWOBase | Reply to Attn of:  |  |

|  |  |
| --- | --- |
| To: | IPAP Selection Board |
|   |  |
| Subj: |

|  |
| --- |
| VERIFICATION OF PATIENT EXPERIENCE |

 |

|  |  |
| --- | --- |
| Ref: | (a) CG-112 Memo 6010 of 22 April 2015 |
|  |  |

1. This certifies that (applicant’s name) has met the prerequisite of 100 hours of patient care experience including 40 hours of shadowing (LT XXX) of the XXX clinic as required by reference (a).

#