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

**MEMORANDUM**

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| From: | I. Approve, CWO  Base | Reply to  Attn of: |  |

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| To: | IPAP Selection Board |
|  |  |
| Subj: | |  | | --- | | VERIFICATION OF PATIENT EXPERIENCE | |

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

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