

Verification of Professional Growth Advising

To participate in Track 5A, you must advise five CARES participants.
Please fill out one section below for each participant you advise.

Your name: _____ Name of person you advised: _____

Time spent advising: _____ Date advised: _____

Briefly describe advice given:

YOUR SIGNATURE

SIGNATURE OF PERSON YOU ADVISED

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TEAR OUT

APPLICATION

CONSENT FORM

CHECKLISTS

VERIFICATION

ROSTER

PROGRAM PLAN