



Beta Alpha Psi • Theta Lambda Chapter
University of Central Arkansas

Service Activity Hours Declaration

This is to certify that _____ (BAPSI member name)
volunteered at _____ (Organization)
on _____ (Date) beginning at _____ (time) and ending at _____ (time).

Brief description of activities _____

Verified by:

Printed Name _____ Signature _____

Title _____ Phone _____ Date _____



Beta Alpha Psi • Theta Lambda Chapter
University of Central Arkansas

Professional Meeting Hours Declaration

This is to certify that _____ (BAPSI member name)
attended a professional meeting of _____ (Organization)
on _____ (Date) beginning at _____ (time) and ending at _____ (time).

Brief description of activities _____

**Attach proof of activity
or Verified by:**

Printed Name _____ Signature _____

Title _____ Phone _____ Date _____