

Chart Review Verification Form

Name: _____ Date: _____

CHT ID#: _____

This form represents that _____ chart reviews were performed by the above named individual.

For CHTs, each chart review is granted one hour of professional development credit toward recertification in Category F. A total of six hours may be earned in a five-year cycle.

Please do not submit individual chart review forms; submit ONLY this verification form to receive professional development credit.

This form should be signed by a supervisor or co-worker who can verify that the chart reviews were performed by the individual named above.

Note to the person signing this form: By signing below, I certify that the number of chart reviews indicated here are true and correct to the best of my knowledge and that I have personally verified them for accuracy. I am aware that my inaccurate or false representation of these chart reviews may lead to penalties, including, but not limited to, HTCC's refusal to accept further verification from me.

Signature

Name

Title

Work Address

City/State/Province

Telephone/Ext.

Relationship to Practitioner

To receive professional development credit, please FAX the completed form to the Hand Therapy Certification Commission, Inc., at 866-277-9572, or mail to the HTCC office.



Hand Therapy Certification Commission, Inc. 1337 Howe Avenue, Suite 230, Sacramento, CA 95825-3397 USA
Phone: 800.860.7097 Int'l: +1.916.566.1140 Fax: 916.922.0210 Email: info@htcc.org www.htcc.org