

# HTCC Activities Supporting Professional Associations Verification Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_

CHT ID#: \_\_\_\_\_

### Professional Association:

- ASHT                       HTCC                       AOTA  
 APTA                       State Organization                       Local Organization  
 Other \_\_\_\_\_

Describe Activities Supporting Professional Associations (specify association(s) duties):

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**NOTE: This form is to be signed by a representative of the association. The individual who signs the form should be personally familiar with the work done by the CHT and the hours that were contributed.**

This form represents \_\_\_\_\_ hours in Activities Supporting Professional Associations related to Hand Therapy.

By signing below, I verify that the hours listed on the Professional Association Activity Log are true and correct to the best of my knowledge and that I have personally reviewed them for accuracy. I am aware that my inaccurate or false representation of these hours may lead to penalties, including, but not limited to, HTCC's refusal to accept further verification from me.

\_\_\_\_\_  
Signature of Association Representative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Professional Association

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
City/State/Province

\_\_\_\_\_  
Telephone/Ext.

\_\_\_\_\_  
Relationship to CHT

