

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):

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

