

Employment Verification Form

Note to the Certified Hand Therapist: Print this form and have your employer, advisor, or sponsor complete and sign it. Then enter the hours in "For CHTs" and forward to the HTCC office.

Note to Employer/Supervisor:

You are being asked to complete this form for an employee or former employee, someone you have supervised in an advisory or consulting capacity, or someone who has served with you in a volunteer capacity, who is applying for Recertification as a Certified Hand Therapist. Each applicant must document 2,000 hours of work experience in hand therapy from a combination of the following areas:

- the direct provision of hand therapy;
- formal teaching directly related to hand therapy;
- research directly related to hand therapy;
- consultation;
- direct supervision or administration of a hand therapy clinical program; and/or
- activities supporting professional organizations directly related to hand therapy.

Please complete this form and return to the candidate so it can be included in the application packet. If you have any questions, please contact the Hand Therapy Certification Commission, Inc., at 800-860-7097, FAX number 916-922-0210 or toll free in U.S. 866-329-1476. Candidates outside of North America please call +1-916-566-1140. Thank you for your assistance.

Please Print Clearly or Type:

Certificant's Name	Certificant's Job Title	CHT ID Number
<hr/>		
Facility Where Experience was Acquired		
<hr/>		
Address		City/State/Zip Code
<hr/>		

The hours listed below were acquired between _____ :

This employment represents: _____ hours in clinical practice; _____ hours in other (teaching, research, administration, consultation, supervision and activities supporting professional organizations directly related to hand therapy). Dates of employment with this employer: _____ to _____.

By signing below, I certify that the hours listed 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 hours may lead to penalties, including, but not limited to, HTCC's refusal to accept further verification from me.

For Self-Verification: In addition, I understand that if I am the certificant listed above and signing this form because I am in private practice, my inaccurate or false representation of these hours may lead to penalties including, but not limited to, revocation or denial of my certification, recertification, or eligibility for certification.

Signature

Name	Title
<hr/>	
Work Address	
<hr/>	
City/State/Province	
<hr/>	
Telephone/Ext.	Relationship to Certificant
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Please Note:

- CHTs should submit only as many forms as needed to verify 2,000 hours in the direct provision of hand therapy, teaching, research, supervision, administration, consultation, or professional activities directly related to hand therapy.
- In the first recertification cycle, a minimum of 1,000 hours must be obtained in the direct provision of hand therapy or formal teaching directly related to hand therapy.
- This form may be duplicated if needed for more than one employer, advisor, or sponsor.
- Candidates in private practice may sign their own form. Proof of ownership/partnership in a private practice may be requested by HTCC.