

Self-Assessment Verification Form



Name: _____ Date: _____

CHT ID#: _____

Date of Self-Assessment:

This form represents 4 contact hours for completing the HTCC Hand Therapy Self-Assessment.

By signing below, I verify that I have completed the self-assessment, developed a learning plan and set goals for completion of the learning plan. I understand that I can complete the self-assessment for credit twice during a five-year recertification cycle, and that I must wait one year between my first and second submission for credit. 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 CHT

Name

Mailing Address

City/State/Province

Telephone/Ext.

Email Address