

AOTA Advanced Certification

Verification of Experience Hours (Self-Employed)

RECERTIFICATION

**Use this form if you are self-employed. If you are having an employer or supervisor attest to your hours, use the Standard Verification Form instead.*

Applicant:

- As a business owner, you are able to self-report your experience hours as long as you can provide documentation that shows ownership and the date your business was established (for example, a business license and/or tax documents). You will upload all documents as part of the on-line application.
- Note that you can submit multiple Verification Forms to provide evidence for the required hours.
- Totals across all forms submitted must meet the minimum requirements.
- If you have questions, please contact the Advanced Certification Program at certification@aota.org.

Applicant Name

Renewal Sought:

- Board Certification in Gerontology (BCG)
- Board Certification in Mental Health (BCMh)
- Board Certification in Pediatrics (BCP)
- Board Certification in Physical Rehabilitation (BCPR)
- Specialty Certification in Driving and Community Mobility (SCDCM)
- Specialty Certification in Environmental Modification (SCEM)
- Specialty Certification in Feeding, Eating, and Swallowing (SCFES)
- Specialty Certification in Low Vision (SCLV)
- Specialty Certification in School Systems (SCSS)

Employment Type:

- Full-time
- Part-time

Name of Facility/Company/Organization

City

State

Date Business Established

Date Business Ended (if applicable)

Hours in Advanced Certification Area

Experience as an occupational therapist or occupational therapy assistant in the certification area. May include direct intervention, supervision, teaching, research, consultation, administration, case or care management, community programming, or activities supporting professional organizations in area of certification.

This employment/volunteer service represents _____ hours **within the past 5 calendar years** toward the **1,500** hours required as an occupational therapist in the certification **area**.

Name of Person Completing Form (please print)

Signature of person completing form

Date

Job Title

Phone Number