

# AOTA Advanced Certification

## Verification of Experience Hours

### RECERTIFICATION

*\*Use this form if an employer or supervisor will attest to your hours. If you are self-employed, use the Self-Employed Verification Form- RECERTIFICATION instead.*

#### Employer:

- You are being asked to verify employment or delivery of occupational therapy services for someone who is applying to renew their Advanced Certification by the American Occupational Therapy Association (AOTA).
- Please complete all sections of this form and **return it to the applicant** so that it can be included in their application.
- If you have questions, please contact the Advanced Certification Program at [certification@aota.org](mailto:certification@aota.org).

#### Applicant:

- Note that you can submit multiple forms to provide evidence for the required hours.
- Totals across all forms submitted must meet the minimum requirements.

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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
- Contract/PRN
- Volunteer

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Name of Facility/Company/Organization

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City

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State

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Applicant Start Date

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Applicant End Date

**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**.

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Name of Person Completing Form (please print)

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Signature of person completing form

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Date

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Job Title

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Phone Number