

AOTA Board Certification

Verification of Experience Hours (Self-Employed)

**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.
- Both Part A and Part B hours must be entered and the 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

Certification Sought: Board Certification in Gerontology
Board Certification in Pediatrics (BCP)
Board Certification in Physical Rehabilitation (BCPR)

Employment Type:
 Full-time
 Part-time

Name of Facility/Company/Organization

City

State

Date Business Established

Date Business Ended (if applicable)

PART A

Experience as an occupational therapist in the certification area. May include direct intervention, supervision, teaching, consultation, administration, case or care management, community programming, or research.

This employment/volunteer service represents _____ hours within the past 5 calendar years toward the **3,000 hours** required as an occupational therapist in the certification area.

PART B

Experience delivering occupational therapy services to clients (persons, populations, or groups) that are specific to the certification area. Students in OT or OTA academic programs are not considered clients.

This employment/volunteer service represents _____ hours within the past 5 calendar years toward the **500 hour** requirement for delivering occupational therapy services to clients in the certification area.

Name of Person Completing Form (please print)

Signature of person completing form

Date

Job Title

Phone Number