

AOTA Board Certification

Verification of Experience Hours

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

Employer:

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

Applicant:

- Note that you can submit multiple 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.

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
- Contract/PRN
- Volunteer

Name of Facility/Company/Organization _____

City _____

State _____

Applicant Start Date _____

Applicant End Date _____

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