

GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive, Macon, Georgia 31217-3858

VERIFICATION OF EMPLOYMENT

Instructions:

- 1. Applicant: complete Section I and sign.
- 2. Submit this form to your most recent employer (Personnel Director, Human Resources Department) who can provide verification of your practice in Occupational Therapy.

Submit this completed, signed and notarized form with your application materials.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as an Occupational Therapist and Occupational Therapy Assistant to the Georgia Board of Occupational Therapy. I understand this information is required as part of the application for licensure process.

Signature of Applicant: _____

Applicant Phone Number(s): _____

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment)

Instructions:

- 1. Complete Section II of this form.
- 2. Occupational Therapy employment must have been for compensation.
- 3. Return the signed, notarized and completed form to applicant for submission with their application materials.

1. Name of Business: _____ Phone Number: _____

2. Physical Location of practice: _____
City State Zip Code

3. Applicant's Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Description of Applicant's experience in facility: _____

6. Printed name and title of person verifying employment: _____
Name Title

(Signature of Individual Completing this information)

Sworn to and subscribed before me this

Signature of Employer/Person completing this form

Day of _____, 20 ____.

(Notary Seal)

Notary Public Signature _____
My commission expires: _____