

**GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY**

3920 Arkwright Rd., Suite 195, Macon, GA 31210

**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 to submit it directly to PLB-Healthcare2@sos.ga.gov.

**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: \_\_\_\_\_