Texas Board of Orthotics & Prosthetics

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Verification of Experience Form

PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED

Be sure to use a separate form for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document your experience for the duration required of your license.

Name of Applicant:_____

Address of Applicant:_____
(Street No. or Box) (City) (State) (Zip)

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below:

I, _____, certify that I have employed _____
(Employer) (Applicant)
from _____ to _____ and that I know of my own knowledge that said person was employed as follows
(Month/Day/Year) (Month/Day/Year)
and that his/her regularly assigned duties including work in the orthotic and/or prosthetic field:

1. Name and Address of Employer: _____

2. Briefly describe job responsibilities: _____

_____

3. Job Title: _____

5. Total number of hours per week applicant worked in the above duties: _____

On this _____ day of _____, 20_____, in _____, _____,
(City) (State)

I certify under penalty of perjury that the information submitted is true and correct.

STATE OF TEXAS ( )
COUNTY OF ( )

_____
Signature of Employer

Sworn to and subscribed before me this _____ day of _____, 20____.

_____
Notary's Signature

NOTARY SEAL