

Employment Verification

The Hand Therapy Certification Commission, Inc. (HTCC) believes that clear evidence of having met its Direct Practice Experience requirement is as critical to demonstrating competence as is successful completion of its examination. Only those who are able to conclusively demonstrate having achieved 4,000 hours of Direct Practice Experience in the upper extremity are permitted to sit for the examination.

It is the responsibility of the candidate to substantiate having met HTCC's Direct Practice Experience component to the satisfaction of HTCC before HTCC may determine whether a candidate is eligible to sit for the certification examination.

The Employment Verification Form must be returned, signed by your employer or supervisor, along with an accompanying Explanation form as documentation of 4,000 hours of Direct Practice Experience in hand therapy. More than one form may be submitted for a total of 4,000 hours. A therapist who is self-employed, or who was self-employed during any time in which hours were accrued, is permitted to sign the form; however, any self-verification must include as an attachment proof of ownership/partnership in a private practice such as a business license or partnership agreement.

The 4,000 hours must be spent in upper quarter clinical practice but do not have to be completed under the direct supervision of a CHT. ***Direct Practice Experience is the direct provision of patient care through assessment and implementation of an individualized treatment plan, including but not limited to: orthotics/splinting, modalities and/or exercise to prevent dysfunction, maximize functional recovery, or influence the effect of pathology in the upper extremity. Hand Therapy Clinical Practice does not include time spent in administration, research, teaching, consultation, or activities that promote professional practice.*** HTCC encourages each candidate to demonstrate experience that covers a variety of conditions and types of treatment because the examination covers many areas within the practice of hand therapy.

It is your responsibility to maintain a system for calculating and recording the hours with your employer or supervisor who verifies the hours. HTCC retains complete discretion in determining whether the documentation you submit demonstrates that you have met the Direct Practice Experience. HTCC may attempt to verify the information you have submitted and/or may request additional documentation on how the hours were derived if the information is not clear from the application. If HTCC is unable to verify the information you submit to its satisfaction or otherwise determines that your documentation fails to demonstrate that you have met the Direct Practice Experience, HTCC will notify you that you are not eligible to take the examination and will refund all examination fees you have submitted, less a \$25 processing fee.

Should it be determined that the number of hours (or any other documentation) has been falsified, you may be subject to penalties, including, but not limited to, the denial of eligibility to sit for the examination for a period of ten years and the forfeiture of all fees you have submitted.

Employment Verification Form for CHT Candidates

Hand Therapy Certification Examination

Note to Employer: You are being asked to complete this form for an employee or former employee who is a candidate for the Hand Therapy Certification Examination. Each candidate must document **4,000 hours of direct practice experience** in hand therapy. Please complete this form and return to the candidate so it can be included in the application packet. If you have any questions, please contact the Hand Therapy Certification Commission, Inc., at 800-860-7097. Thank you for your assistance.

Please Print Clearly or Type:

Candidate's Name _____ Candidate's Job Title _____

Facility Where Experience was Acquired _____

Address _____ City/State/Zip Code _____

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Please describe Candidate's Direct Practice Experience in Hand Therapy:

This employment represents: _____ hours in Direct Practice Experience of hand therapy acquired between _____ and _____ .

By signing below, I certify that the hours listed here are true and correct to the best of my knowledge and that I have personally verified them for accuracy. I am aware that my inaccurate or false representation of these hours may lead to penalties, including, but not limited to, HTCC's refusal to accept further verification from me.

For Self-Verification: In addition, I understand that if I am the candidate listed above and signing this form because I am in private practice, my inaccurate or false representation of these hours may lead to penalties including, but not limited to, revocation or denial of my certification, recertification, or eligibility for certification.

Signature _____

Name _____ Title _____

Work Address _____ City/State/Province _____

Telephone/Ext. _____ Relationship to Candidate _____

Please Note:

- Candidates should submit only as many forms as needed to verify 4,000 hours of hand therapy experience.
- This form may be duplicated if needed for more than one employer.
- Candidates in private practice may sign their own form. Proof of ownership/partnership in a private practice is required.
- This form is to be used only by CHT Certification candidates; it should not be used for Recertification.