



VERIFICATION OF VOLUNTEER HOURS

I verify that on _____,
(Date) (Volunteers name)

completed a minimum of 50 volunteer hours with a Licensed Occupational Therapist.

Supervisor's Name: _____ Work Phone: _____

Title: _____

Institution Name: _____

Address: _____

City/State/Zip: _____

Supervisor's Signature: _____ Date: _____

STAPLE YOUR (OT SUPERVISOR) BUSINESS CARD HERE

Or

Place Your License Number

LIC#: _____