



Texas Board of Occupational Therapy Examiners
 333 Guadalupe, Suite 2-510 Austin, TX 78701-3942
 Phone: (512) 305-6900 Fax: (512) 305-6970 www.ecptote.state.tx.us

**To be used by:
 Applicants for a license who need to provide a work history**

Make as many copies of this form as you need

- Complete one copy of this form for each employer for whom you have worked in Occupational therapy for two years preceding application.
- Each form must be signed by the employer and sent to the board by that employer.

Part 1. To be completed by the applicant. First, give the name and address of your employer - the company that wrote your paycheck. If the address of the company is different from the address of the facility (ies) where you worked, list the facility and location in the space below. Add as many pages as you need. If you were self-employed, copies of your tax return with this information (not the entire return) will suffice.

Applicant

Name of Applicant: _____

Dates of Employment: (from) _____ (to) _____

Position: _____

Company: _____

Street, P.O. Box, etc. _____

City and State: _____

Area Code and Phone: _____

Facility Name (if different than above): _____

Part 2. To be completed by employer or supervisor (present or former):

I certify that the above-named individual was employed as noted during the dates specified with the title specified.

Employer

 Signature of Employer or Representative Date

 Printed Name and Title Area Code and Phone