

# Self-Assessment Verification Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_

CHT ID#: \_\_\_\_\_

Date of Self-Assessment:

\_\_\_\_\_  
\_\_\_\_\_

This form represents 4 contact hours for completing the HTCC Hand Therapy Self-Assessment.

By signing below, I verify that I have completed the self-assessment, developed a learning plan and set goals for completion of the learning plan. I understand that I can complete the self-assessment for credit twice during a five-year recertification cycle, and that I must wait one year between my first and second submission for credit. 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.

\_\_\_\_\_  
Signature of CHT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Province

\_\_\_\_\_  
Telephone/Ext.

\_\_\_\_\_  
Email Address