

# Explanation of Direct Practice Experience in Hand Therapy

## Hand Therapy Certification Examination

### Note to Candidate

- A minimum of 4,000 hours of direct practice experience in hand therapy is required for eligibility for the Hand Therapy Certification Examination.
- Please provide HTCC with an explanation of each employment instance that you are submitting to support the 4,000 hours of direct practice experience in hand therapy.
- Include one Explanation of Direct Practice Experience in Hand Therapy form with each Employment Verification Form you are submitting.
- You may copy the form if you have had more than one employer, but submit only as many forms as needed to document 4,000 hours.

## Hand Therapy Employment History

- Name of Facility: \_\_\_\_\_
- Name of Supervisor: \_\_\_\_\_
- Your Job Title: \_\_\_\_\_
- Dates of Employment: \_\_\_\_\_
- Hours worked per week: \_\_\_\_\_
- Estimated percentage of workload devoted to treating the Upper Quadrant: \_\_\_\_\_
- Please briefly describe your patient caseload and explain how you determined your direct practice hours at this facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Total hours of direct practice hand therapy experience for this employer: \_\_\_\_\_

I agree to complete the Explanation of Direct Practice Experience in Hand Therapy Form for any employer identified on an Employment Verification Form submitted with my certification application, and I certify that all information on the Explanation of Direct Practice Experience in Hand Therapy Form is true and correct to the best of my knowledge. I am aware that any inaccurate or false representation of any information on the Explanation of Direct Practice in Hand Therapy Form may lead to penalties, including, but not limited to, the denial of eligibility to sit for the examination for a period of (10) years and the forfeiture of all fees I have submitted. I understand and agree that if HTCC is unable to verify the information I submit, for any reason, HTCC may, in its sole discretion, decline to grant me eligibility for the examination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_