



# Texas Board of Occupational Therapy Examiners

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## To be used by:

Applicants for an initial license or restoration who need to provide work history from the Military or a non-licensure state

- 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.
- Mail or submit this form by email.

**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, submit copies of your tax return with this information (not the entire return).

Name of Applicant: \_\_\_\_\_

Dates of Employment: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Street, P.O. Box, etc.: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Area Code and Phone: \_\_\_\_\_

Facility Name (if different from 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.*

\_\_\_\_\_  
Signature of Employer or Representative Date

\_\_\_\_\_  
Printed Name and Title Area Code and Phone

Applicant

Employer