



## Direct Service Hours Verification

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Number of hours accumulated: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of school/clinic/private practice: \_\_\_\_\_

Year range in which you accumulated the Hours: \_\_\_\_\_

During these hours, I performed the following Educational Therapy related activities:

Verified by:

Work site Administrator.  Professional Supervisor  Colleague

Other \_\_\_\_\_

Verifying Signature: \_\_\_\_\_

OR

I am submitting this letter electronically and indicate by this check that I am the person named above as verifying this document.

Name of Person Verifying Hours: \_\_\_\_\_

Title: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_